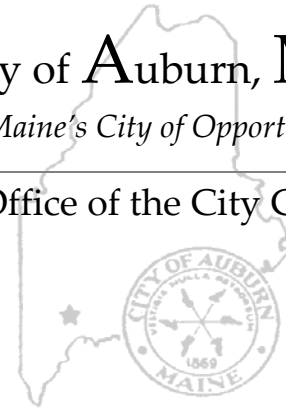


# City of Auburn, Maine

*"Maine's City of Opportunity"*

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Office of the City Clerk



## Council Workshop Agenda Packet

February 25, 2008

This packet contains the City Council Workshop Agenda and supporting documents. The items in this packet are bookmarked in Adobe Acrobat .pdf format. You may need to click on the Bookmark tab on the left to open the Bookmark window. If you do not see a Bookmark tab on the left, you may need to select the Show/Hide Navigation Pane button in your icon toolbar above or update your version of the Adobe Reader. You can download the free Adobe Reader application at [www.adobe.com](http://www.adobe.com).



## **City Council Workshop February 25, 2008**

### **Agenda 5:30 p.m.**

**5:00 p.m. – Dinner**

**5:30 p.m. – Workshop**

- 1. Presentation regarding Creation of a Lewiston-Auburn Public Health Committee**
- 2. Presentation of Goals by the following Departments:**
  - Human Resources**
  - Social Services**
  - Library**
- 3. Discussion regarding disposition of 22 Pine Street (formerly Franklin School)**
- 4. Discussion regarding Community Development Program Amendments**
- 5. Discussion Re: Hiring Administrative Assistant for Mayor and City Councilors**
- 6. Updates**

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**Executives Sessions:** On occasion, the City Council discusses matters which are required or allowed by State law to be considered in executive session. Executive sessions are not open to the public. The matters that are discussed in executive session are required to be kept confidential until they become a matter of public discussion. In order to go into executive session, a Councilor must make a motion in public. The motion must be recorded, and 3/5 of the members of the Council must vote to go into executive session. An executive session is not required to be scheduled in advance as an agenda item, although when it is known at the time that the agenda is finalized, it will be listed on the agenda.

The only topics which may be discussed in executive session are those that fall within one of the categories set forth in Title 1 M.R.S.A. Section 405. Those applicable to municipal government are:

1. Discussion of personnel issues
2. Discussion or consideration of the condition, acquisition, or the use of real or personal property or economic development if premature disclosure of the information would prejudice the competitive or bargaining position of the body or agency.
3. Discussion of labor contracts and proposals and meetings between a public agency and its negotiators.
4. Consultations between a body or agency and its attorney
5. Discussion of information contained in records made, maintained or received by a body or agency when access by the general public to those records is prohibited by statute.
6. Discussion or approval of the content of examinations administered by a body or agency for licensing, permitting or employment purposes
7. Consultations between municipal officers and a code enforcement officer relating to enforcement matter pending in District Court.

**Report to the Mayors and City Councils  
of Lewiston and Auburn:  
Recommendation to Approve the  
Creation of a Lewiston-Auburn Public  
Health Committee**

*Authorized by the members of the Public Health Steering  
Committee of Lewiston-Auburn*

*Authored by Phil Nadeau, Deputy City Administrator, City of  
Lewiston*

**Final Proposal  
1/28/08**

# **Table of Contents**

- I. Executive summary
- II. Introduction
- III. Proposed vision/mission statement, assessment
- IV. Proposed committee structure & staffing
- V. Proposed interlocal agreement & by-laws
- VI. Letters of support

## **I. Executive summary**

The cities of Lewiston and Auburn are fortunate to have a number of exceptional medical service providers, yet both cities lack fully operational departments of public health. At a time when the range and complexity of public health issues has been made more complicated by declining access to health insurance and an aging population, the need for a well-coordinated, well-defined system of public health has never been more important.

To address the public health organizational deficit, community stakeholders of the public and private sectors formed a steering committee to analyze and assess the current public health situation in L-A. Steering committee members included representatives of community service providers, state and municipal governments and agencies, public health researchers and health practitioners.

The committee adopted the Centers for Disease Control and Prevention's definition of public health as the prevention of epidemics, injuries and disease; the protection against environmental hazards; the promotion of healthy behaviors; the quick response to disasters and communities in recovery; and the quality and accessibility of health services. Public health efforts are population-based; health care is individually-based. The committee based its assessment of current public health services on the CDC's list of the ten essential public health services (p. 8).

Mindful of fiscal constraints, the steering committee recommends a joint public health committee created through an interlocal agreement, formally recognized by both cities and provided with some administrative support. The committee's suggested mission statement for the public health committee is to "create public health partnerships that promote physical and mental health and prevent disease, injury and disability." The committee envisions "healthy people in healthy communities of Lewiston-Auburn."

The proposed public health committee will be made up of 21 voting members and 9 nonvoting members. Voting members will be drawn from community service providers, municipal government, schools and the general public. Nonvoting members will be drawn from the law enforcement departments, the media, state and local health officers, etc. All representatives, voting and nonvoting, shall be appointed by the joint city councils utilizing a public selection process of the city councils' choosing.

Public health concerns likely to confront the proposed public health committee include pandemic flu, obesity, tobacco and substance use, tuberculosis, heart disease and diabetes. Yet the steering committee felt that its highest priorities would be the creation of a core local public health infrastructure and the achievement of several specific short term public health goals. There is an immediate need to link city and county governments, local health organizations and the public to address service deficiencies, improve existing strengths, and realize immediate and achievable results.

## II. Introduction

The cities of Lewiston and Auburn have the good fortune of hosting a number of exceptional medical service providers offering a full range of health care choices for local and regional residents. The depth and quality of these services have positioned this community as a major healthcare center in the State of Maine.

Some of our community's impressive healthcare assets:

- Medical centers - Central Maine Medical Center and St. Mary's Regional Medical Center, provide primary care access, specialized resources such as ambulance service, cardiac surgery, mental health care, cancer treatment, sleep disorder interventions, trauma care and LifeFlight helicopter ambulance service;
- Visiting nurse, hospice care and home support is provided by Androscoggin Home Care and Hospice;
- Mental health resources - Tri-County Mental Health Services and Common Ties
- Health advocacy and outreach programs – Health Androscoggin, United Way, Catholic Charities, United Somali Women, Maine Department of Health and Human Services (ME DHHS), Sisters of Charity school based health clinics;
- ME DHHS/Maine Center for Disease Control - Public Health Nurses
- City officials committed to public health

Contrary to prevailing local perceptions, Maine's second and fourth largest cities do not have fully operational departments of public health. Most people recognize the fundamental need to keep the public properly informed on a wide range of significant public health concerns: HIV/AIDS, pandemic flu, obesity, substance abuse, Lyme disease, heart disease, high blood pressure, diabetes, tobacco use, overuse of antibiotics, unregulated pharmaceuticals, and many more.

Though the public health concerns are real, so are the public funding realities associated with fully staffing public health departments. Lewiston's recent efforts to downscale its municipal workforce by 10% and Auburn's recent struggles with its own budget do not provide much hope for the kind of public support that would be needed to fund the municipal public health models that exist in Portland or Bangor.

However, these obstacles should not deter the community from pursuing what is a critical need for cooperation and coordination between the healthcare industry, public health sector, municipal, school and state/federal government operations. At a time when the range and complexity of public health issues has been made more complicated by such issues as declining access to health insurance, and an increasingly aging population, the need for a well-coordinated, well-defined system of public health has never been so important.

In 2006, several working meetings between the Lewiston City Administrator's Office, Lewiston school officials, representatives from the Maine Center for Disease Control, Luc Nya from the Office of Immigration and Multicultural Services, and Dr. Gina Wilson of the B Street Community Health Center resulted in the assembling of a

healthcare stakeholders group in April 2007 to address the need for improvements in the community's ability to address its public health needs.

The initial April 2007 meeting was convened at Lewiston City Hall and coordinated by Phil Nadeau, Lewiston Deputy City Administrator. Discussions about the community's healthcare priorities led to a proposal to bring together a number of key healthcare stakeholders to form a steering committee to discuss what might be done to improve public health in our communities.

The list of invitees participating in this steering committee effort reflects the broad range of healthcare services and outreach provided throughout the community and included:

- >Sue Charron, Director, Department of Social Services, City of Lewiston;
- >Edmund Claxton, Jr., MD, Director, Family Medicine Residency, CMMC;
- >Luanne Crinion, Supervisor, Public Health Nurses Program, Maine Department of Health and Human Services/Maine Center for Disease Control;
- >Paulette Crowley, Physician Practice Director, B Street Health Center;
- >Suzanne Gunston, Coordinator, Maine Tuberculosis Control Program, Maine Department of Health and Human Services/Public Health Nurses Program;
- >Fatuma Hussein, Director, United Somali Women of Maine;
- >Charlotte Johnson, Case Manager Supervisor, Catholic Charities Maine;
- >Brenda Joly, Research Associate, Faculty member, University of Southern Maine/Muskie School of Public Service;
- >James Lysen, Executive Director, Federally Qualified Health Center;
- >Larry Marcoux, Director, Community Impact, United Way of Androscoggin;
- >Dot Meagher, Director, Department of Health & Social Services & Health Officer, City of Auburn;
- >Anne Moreau, School Nurse;
- >Phil Nadeau, Deputy City Administrator, City of Lewiston;
- >Luc Nya, Multicultural Services Coordinator, Office of Multicultural and Immigrant Services, Maine Department of Health and Human Services;
- >Craig Phillips, Executive Director, Common Ties;
- >Kate Phillips, Western Regional Epidemiologist, Maine Department of Health and Human Services/Maine Center for Disease Control;
- >Lisa Sockabasin, Director, Office of Minority Health, Maine Department of Health and Human Services;
- >Holly Stover, Regional Director for Region 2, Maine Department of Health and Human Services;
- >Angela Westhoff, Executive Director, Healthy Androscoggin; and
- >Geniene Wilson, MD, Medical Director, B Street Medical Center

A series of meetings at Lewiston City Hall ensued, with a number of the invited stakeholders participating in multiple meetings, to discuss how our community could improve our public health structure in Lewiston and Auburn and to establish some formally recognized process that could, in the absence of fully operational public health departments, serve as the future foundation for collaborative public health efforts.



Remaining sensitive to the fiscal constraints confronted by both city governments, the committee chose to investigate the creation of a public health committee that would be formally recognized by both city governments, be authorized to act as the community's public health coordination entity, and be provided with some administrative support to serve the group and its intended mission.

The steering committee agreed that the new public health committee would be confronted with a number of public health concerns and recommends to both city councils that the new public health committee focus on the following priorities:

- Short-term: The establishment of three goals to be achieved within the first year of the committee's first public meeting. The specific goals would be defined by the public health committee. Examples that have been discussed include:
  - a. The establishment of a fully coordinated , comprehensive pandemic flu preparedness plan for the cities of Lewiston and Auburn
  - b. The development of a fully coordinated flu shot program in an effort to achieve 100% access for all residents
  - c. The creation of a youth mental health screening program for all school based health systems in L-A public schools
- Long-term: Building a core relationship-based healthcare infrastructure (based on networking versus capital assets) to link city/county/state government, public schools, local healthcare organizations, and the general public in a way that would help identify program/service deficiencies, improve on existing strengths, and focus on long-term goals. The main objective would be to complement existing or planned local public healthcare initiatives.

Along with the submission of proposals for short and long term goals, the group needs to clarify the mission of the committee and to define what the term "public health" would mean within the context of the committee's mission.

Working through a process which would begin to define the mission/vision of the new public health committee was no small task. After a significant amount of discussion around the question "how do you define public health?," the steering group unanimously voted to support a slightly modified version of the vision/mission template developed by the Centers for Disease Control and Protection and its Public Health Functions Steering Committee in 1995. Within this document (see Section III of this report) are provided the definitions of "public health" and the "ten essential public health services" that will help guide our community in its effort to develop a more collaborative, coordinated, and ultimately more responsive system of public health.

In addition to submitting the enclosed vision and mission statement, the steering group has submitted its community assessment of how well our cities are currently meeting or not meeting the stated goals of the ten essential public health services. Though not a scientific "survey", the assessment does feature the input of multiple individuals whose involvement in the community healthcare industry makes them uniquely qualified. The assessment also provides elected officials and the general

public with some degree of understanding about what we our doing well and what we need to improve within our community's system of public health.

This report and its recommendations addressing the public health committee's purpose, membership, and administrative rules should be viewed by our elected officials and the general public as a mechanism that will provide enhanced opportunities to better coordinate and develop the partnerships and networks that will help meet our community's public health needs. Sensitive to the fact that the ultimate decision to adopt, modify or reject any part of this report rests with the City Councils, we offer our proposal as a sincere attempt to suggest a framework for partnering the community's general public, healthcare community, public schools and local governments through the utilization of existing resources.

The timeliness of this initiative was reinforced by recent action in both City Councils to pursue further municipal-service consolidation and recent decisions at the state level to begin the process of regionalizing public health programming and funding. Regardless of the outcome of those efforts, the interest that exists in both cities to enhance collaborative efforts energized the steering committee. Additionally, though the final details have yet to be worked out, the state's interest in more regional systems of government (evidenced by the legislature's recent approval of downsizing state school districts) cannot be minimized. The creation of this public health committee could be an important step in ensuring that the cities are well positioned to contribute to any regional public health model that is ultimately endorsed by the state.

Both Mayor Laurent Gilbert and Mayor John Jenkins have reviewed this report and provided their support of the public process which produced this final proposal. Additionally, both major hospitals reviewed the contents of this report and offered their enthusiastic support for this very timely initiative (see letters of support in Section VI). Most importantly, local residents have had opportunities at two public information meetings to review and comment on the proposal.

Though the meetings were sparsely attended, the steering committee believes that combining the results of the public meetings with the apparent absence of expressed public opposition through our city halls provides the opportunity to move this forward for legislative action by both cities. As such, it is the opinion of the Public Health Steering Committee that the last draft of this proposal serve as the final document for submission to both City Councils (with only a few minor language changes). It should also be noted for the record that no member of the steering committee has reported any telephone, email or other communication from residents that suggest any opposition to this proposal.

The Public Health Steering Committee looks forward to working with both city councils on this timely and important public health initiative.

### **III. Proposed Vision and Mission Statement & Assessment**

#### Vision:

*Healthy People in the Healthy Communities of Lewiston-Auburn*

#### Mission:

*Create Public Health Partnerships that Promote Physical and Mental Health and Prevent Disease, Injury, and Disability*

#### **Public Health---**

- Prevents epidemics and the spread of disease
- Protects against environmental hazards
- Prevents injuries
- Promotes and encourages healthy behaviors
- Responds to disasters and assists communities in recovery
- Assures the quality and accessibility of health services

#### **Essential Public Health Services---**

- Monitor health status to identify community health problems
- Diagnose and investigate health problems and health hazards in the community
- Inform, educate, and empower people about health issues
- Mobilize community partnerships to identify and solve health problems
- Develop policies and plans that support individual and community health efforts
- Enforce laws and regulations that protect health and ensure safety
- Link people to needed personal health services and assure the provision of health care when otherwise unavailable
- Assure a competent public health and personal health care workforce
- Evaluate effectiveness, accessibility, and quality of personal and population-based health services
- Research for new insights and innovative solutions to health problems

*Source: Centers for Disease Control and Protection, Public Health Functions Steering Committee, Public Health in America, 1995*

# 10 Essential Public Health Services Assessment

This assessment is a compilation of the steering group's consensus on how well our community is meeting or not meeting the goals of the 10 essential public health services (EPHS). This is not a scientific survey but does reflect the opinions of many highly qualified healthcare providers and advocates who live and work within our cities.

1. Monitor health status to identify community health problems  
What is being done?
  - Lead exposure mitigation (question as to what extent)
  - Healthy Androscoggin Community Profile
  - Public health reporting as mandated by law
  - Tuberculosis (TB) annual assessment from Maine TB Control Program
  - School based health centers & risk assessment
  - Chronic disease registry
  - Community assessments update on an annual basis, including quantitative and qualitative data  
What has yet to be done?
  - No year-round homeless survey & other health assessments on other vulnerable populations (point-in-time homeless survey is done by Lewiston-Auburn Services for Homeless)
  - No coordinated effort to collect or assess information annually
  - No tracking of diseases that are not reportable by law
  - Issues relating to how health data is reported out by the responsible agencies and gaining access to their data
  - No mental health community profile
  - The 18-24 age cohort info gap in all areas of health
  - No coordinated system of TB screening and limited access to latent TB treatment
  
2. Diagnose and investigate health problems and health hazards in the community  
What is being done?
  - Tracking of lead poisoning at levels of 10 or above
  - Infectious disease tracking and treatment (issues remain as to some populations being problematic relative to tracking and treatment)
  - Refer to EPHS list #1 in this section
  - Emergency preparedness – pandemic, hazmat, Maine Emergency Management Agency master planning for natural disasters
  - Lab access

- Investigation of infectious diseases, particularly TB to prevent the spread of the infectious disease

What has yet to be done?

- Refer to EPHS list #1 in this section
- No public health departments
- Using TB diagnosis of treatment as area of significant health concern---lack of coordination
- Lab services---access between agencies and coordination
- Insufficient coordination with local health systems regarding local pandemic planning

3. Inform, educate, and empower people about health issues

What is being done?

- Tobacco education
- Nutrition education
- Substance abuse education (initiatives through Sisters of Charity Health Systems [SOCHS] and survey and education work through Healthy Androscoggin)
- Hospital wellness, private sector wellness, and local government wellness initiatives
- Hospital support groups
- Provider based education (group agrees that it is not consistent)
- Public schools
- WIC
- YMCA/YWCA
- Participation in orientation of new refugee with Catholic Charities Maine, focusing on the health resources in the community

What has yet to be done?

- Being proactive and not reactive in all public health areas
- Coordination to eliminate possible redundancies
- Adequate program evaluation
- Prioritization of programs
- Promoting and supporting best practices
- Reaching all populations in need
- Central reporting of local health information/data/public notices

4. Mobilize community partnerships to identify and solve health problems

What is being done?

- Healthy Androscoggin Community Profile – much work to assemble what data is available but significant data on many vulnerable populations is not available or not collected
- Major healthcare partnerships
- Establishing formal networks and partnerships with the new state regional healthcare system as currently proposed by Maine DHHS & development of a coordinated L-A public health system

- New Mainers partnership, Maine Health Access Foundation
- United Way healthcare programming support
- Existing hospital partnerships (e.g., credentialing and United Ambulance)
- SOCHS school based healthcare
- United Somali Women of Maine healthcare programming and support
- Assist the Office of Public Health Emergency Preparedness to develop sites of distribution for Strategic National Stockpile
- Safe at Any Dose – community outreach to promote medication safety; CMMC Family Medicine Residency – MeHAF grant

What has yet to be done?

- Insufficient public health coordination between healthcare providers on such activities as flu shots & inventory of healthcare programs and services

5. Develop policies and plans that support individual and community health efforts

What is being done?

- Efforts in school system to change policies (e.g., healthy food in vending machines)
- Advocacy efforts by multiple public health constituents to protect the Fund for a Healthy Maine – spearheaded by Healthy Androscoggin
- Public health conversations with our legislative delegation on public health system – led by Healthy Androscoggin
- Development of Policy Brief on Public Health disseminated to Maine legislative delegation and presentation on public health at Healthy Policy Forum – Muskie School of Public Service

What has yet to be done?

- Strategic planning around policy development
- Engagement of local elected officials in public health
- Development of public health policy based on priority issues identified in community profile

6. Enforced laws and regulations that protect health and ensure safety

What is being done?

- State provides periodic training to local health officers on their roles and authority
- Increased efforts to prevent the sale of alcohol and tobacco to minors – Healthy Androscoggin has been working with Police Departments

What has yet to be done?

- Identification of local public health issues that are not adequately addressed through existing laws, regulations, and ordinances
- Identify organizations within the local public health system that have the authority to enforce public health laws, regulations, and ordinances

- Inform individuals and organizations on the meaning and purpose of laws, regulations and ordinances with which they are required to comply
  - Evaluate the compliance of regulated organizations and entity
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable
- What is being done?
- Some identification/assessment of populations with barriers to services
  - A number of existing outreach efforts and services exists
  - Provide services to newly arriving refugees, including a health assessment upon arrival and referral to primary care providers
  - Assist with coordination of services needed for refugees to receive health care, including transportation, if needed
  - 211 Maine referral service
- What has yet to be done?
- Coordination of health care/social services and providers to optimize outcomes
  - Issues associated with secondary migrant relocation, e.g., infectious disease care
  - Healthcare for homeless population similar to system of care in Portland or Brunswick
8. Assure a competent public health and personal health care workforce
- What is being done?
- New opportunities for public health education exist and USM – L/A is considering an undergraduate minor in public health
  - Opportunities for leadership development in health
  - Ongoing professional development of Public Health Nursing staff on appropriate public health subjects, i.e. Maternal Child Health, TB contact investigation
  - Training of Public Health Nurses in American Red Cross Disaster Health
  - Provides training on Tuberculin Skin Testing to local health care providers
  - Family Practice Residency training programs at CMMC
- What has yet to be done?
- An assessment of our public health workforce (who, where, gaps, competencies)
  - Cultural competency training in most healthcare and community organizations
  - A review of public health related education, training and mentoring opportunities
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services
- What is being done?

- Community satisfaction efforts
- Evaluation requirement of funders including as part of various projects (Maine CDC, MeHAF, etc)
- Ongoing quality improvement including clients satisfactions surveys to client

What has yet to be done?

- Outcomes evaluation on many of our public health efforts to determine the impact
- Evaluating the local public health system based on existing standards

10. Research for new insights and innovative solutions to health problems

What is being done?

- Healthy Androscoggin has fostered linkages with academic institutions
- Research on best practices is being disseminated for practice

What has yet to be done?

- Little community-based participatory research in our community exists  
Our community does not have a research agenda developed in conjunction with research centers and academic institutions



## **IV. Proposed committee appointment process, membership & staffing**

The steering committee recognizes that there are a multitude of approaches employed by both cities in creating the numerous collaborative initiatives that have been supported by both City Councils. Given the importance of obtaining the official endorsement of this initiative by both City Councils, the steering committee has recommended the establishment of a formal joint standing committee to be named the “Lewiston-Auburn Public Health Committee” created through an interlocal agreement between both City Councils. This agreement would authorize both City Councils to appoint nominees submitted by individual organizations and to fill positions with a variety of individuals with an interest in public health.

The recommendation to submit this initiative as a proposed interlocal agreement appears timely given that both cities are aggressively pursuing further consolidation of services. The demonstrated success of the 911 Committee, the Lewiston-Auburn Water Pollution Control Authority, the Lewiston-Auburn Economic Growth Council, the Auburn-Lewiston Airport Committee, the Lewiston-Auburn Transit Committee, and the Auburn-Lewiston Watershed Commission (to name a few) support this recommendation as the best course of action for our community.

The proposed make-up of this committee will clearly be a significant point of interest to all. The significance of the membership was not lost on the steering committee as there was much deliberation on its proposed make-up. In the end, the membership recommendations were influenced by the proposed vision and mission statement and driven by what organizations would best be positioned to carry out the committee’s mission.

Additionally, the proposed committee is made up of voting members and non-voting members. The steering committee believed that there was a need to have the membership limited to a number that would allow it to function efficiently but to also provide a mechanism that would allow other key players to contribute in meaningful ways.

As for staffing and administration, the steering committee has endorsed the offer of the Lewiston City Administrator’s Office to provide administrative support services at this juncture. It is recognized that the services initially offered will be limited to available staffing given existing time constraints but Deputy City Administrator Phil Nadeau is confident that his office can support this undertaking as it is currently proposed.

The by-laws (see Section V) provides a detailed list of the recommended representatives that will serve on the committee and explains that organizations will submit their nominees to the City Councils who will ultimately vote to approve their final selection to the committee.

## V. Proposed Interlocal Agreement

This Agreement is made and entered into as of this \_\_\_\_\_ day of \_\_\_\_\_, 2007 by and between the Cities of Lewiston and Auburn, both political subdivisions of the State of Maine, in accordance with Chapter 115 of Title 30-A of the Maine Revised Statutes.

WHEREAS the Lewiston-Auburn Public Health Steering Committee, a group of concerned citizens representing a wide variety of healthcare providers, assembled for the purpose of articulating a new community vision to address our public health system of care through a mechanism that will greatly improve coordination and collaboration between healthcare providers, the public health sector, business, public schools, and local, county and state government;

WHEREAS the steering committee issued a September 2007 report entitled “Report to the Mayors and City Councils of Lewiston and Auburn: Recommendation to Approve the Creation of a Lewiston-Auburn Public Health Committee” which acknowledged existing budgetary constraints, provided a new blueprint which will enhance healthcare networking, partnerships and planning, and improves the delivery of public health services in Lewiston and Auburn;

WHEREAS the steering committee has provided for critical resident review through two public hearings in both cities and have received the input and endorsement of the major healthcare providers on the September 2007 report to the Mayors and City Councils of Lewiston-Auburn;

WHEREAS the Cities of Lewiston and Auburn agree to authorize the creation of a new joint standing committee for our community identified as the “Lewiston-Auburn Public Health Committee,” endorses the short-term and long-term goals proposed by the steering committee, and authorizes the implementation of its Constitution and By-Laws which shall read as follows:

### LEWISTON-AUBURN PUBLIC HEALTH COMMITTEE CONSTITUTION AND BY LAWS

#### ARTICLE I – NAME

The name of this organization shall be the “Lewiston-Auburn Public Health Committee” or herein referred to as the “LAPHC”.

#### ARTICLE II – MISSION STATEMENT

“To create public health partnerships that promote physical and mental health and prevent disease, injury, and disability.”

#### ARTICLE III – AUTHORITY

The LAPHC shall be a public health advisory body to the City Councils and Mayors for the Cities of Lewiston and Auburn. The LAPHC shall engage in those public health activities that are consistent with the “ten essential public health services” articulated in its vision and mission statement. The LAPHC shall be granted the authority to coordinate and plan public health activities, conduct public health campaigns utilizing funds and resources authorized by the City Councils of Lewiston and Auburn and made available by outside agencies.

#### **ARTICLE IV – MEMBERSHIP**

Section 1. “Representative” shall be used to identify those appointed individuals who shall be entitled to voting privileges as outlined in these by-laws. Voting representatives and their organizations may not appoint alternates to serve in place of the appointed representative

Section 2. Voting membership, equaling one vote, shall be appointed by a vote, conducted separately or jointly, by the city councils of Lewiston and Auburn. All organizations, unless otherwise noted in Section 3 and 4 of these by-laws, shall submit one nominee for appointment by the city councils. Any organization, unless otherwise noted in Section 3 and 4, whose appointee is not ratified by the City Councils shall be entitled to submit other nominees until such time as one is ratified.

In the specific case that the voting Representative or their organization/position is terminated, significantly changes service operations, moves operations from outside the Lewiston-Auburn area, is acquired by another entity, or in the opinion of both City Councils no longer fits the mission of the LAPHC, the authority to amend these by-laws shall require a majority vote of both City Councils (done separately or jointly) to approve the selection of another organization/position/individual to fill the position.

The following organizations/positions/areas of focus shall make up the voting Representatives of the LAPHC:

- Healthy Androscoggin
- Lewiston Public Schools (note Section 4)
- Auburn Public Schools (note Section 4)
- Mental health (note Section 3)
- Central Maine Medical Center – Administration
- Central Maine Medical Center - Clinical
- Sisters of Charity Health Systems – Administration
- Sisters of Charity Health Systems – Clinical
- New MeDHHS/Maine CDC District Public Health Officer
- MeDHHS/Maine Center for Disease Control - Public Health Nurses
- MeDHHS/Office of Immigration and Multicultural Services
- SeniorsPlus
- Auburn City Council

- Lewiston City Council
- Ethno based mutual assistance agency (note Section 3)
- Business sector (note Section 3)
- Androscoggin Emergency Management Agency
- Catholic Charities Maine/Refugee Immigrant Services
- General public/non-resident or resident – Auburn (note Section 3)
- General public/non-resident or resident – Lewiston (note Section 3)
- General public/resident only (note Section 3)

Section 3. All Representatives to which this section applies shall be appointed by the City Councils of both cities utilizing a public selection process of the City Councils choosing. Membership to the “General public/resident only” position shall alternate between both cities and will begin with the selection of an Auburn resident to fill the first term.

Section 4. The Lewiston and Auburn School Boards shall submit their nominees representing the Lewiston and Auburn public school systems. The nominees may be a school board member or any other employee of the respective public school systems.

Section 5. Non-voting membership. The purpose of the non-voting Representative is to provide input and advice to the voting Representatives of the LAPHC.

In the specific case that the non-voting Representative or their organization/position is terminated, significantly changes service operations, moves operations from outside the Lewiston-Auburn area, is acquired by another entity, or in the opinion of both City Councils no longer fits the mission of the LAPHC, the authority to amend these by-laws shall require a majority vote of both City Councils (done separately or jointly) to approve the selection of another organization/position/individual to fill the position.

All organizations, unless otherwise noted below, shall submit one nominee to for appointment by the city councils. Any organization/position/individual (unless otherwise noted below) whose appointee is not ratified by the City Councils shall be entitled to submit other nominees until such time as one is ratified.

- Maine Care
- Local Health Officer – Auburn
- Local Health Officer – Lewiston
- Maine CDC - Western Maine Regional Epidemiologist
- MeDHHS/Maine Center for Disease Control - Office of Minority Health
- Auburn Police Department
- Lewiston Police Department
- Androscoggin Sheriff Department

- Health research/data liaison (note Section 6)
- Media representative (note Section 6)

Section 6. All Representatives to which this section applies shall be appointed by the joint City Councils utilizing a public selection process of the City Councils choosing.

Section 7. Vacancies: The City Councils shall fill an existing vacancy to complete the un-expired term of a committee member who has, for any reason, vacated the position either temporarily or permanently. The Lewiston and Auburn City Clerks must be notified in writing when such vacancies occur.

## **ARTICLE V – ORGANIZATION**

Section 1. Conducting Business: The affairs of the LAPHC may be conducted by the members assembled at any authorized Regular or Special meeting of the committee in which a quorum of the LAPHC is present.

Section 2. Officer terms, elections, vacancies: The two (2) officer positions of the LAPHC shall be as follows: Chairperson and Vice-Chairperson. Terms shall be three (3) year terms. Elections shall be conducted by the LAPHC representatives at any regularly scheduled meeting.

Section 3. Committee Representative terms:

- A. The terms of all members of the LAPHC shall be set in staggered three (3) year terms set according to a schedule outlined in subsection B of this Section.
- B. The terms of the LAPHC members shall be established according to the following schedule: At the inaugural meeting, those representatives nominated and elected as officers shall be immediately assigned to three (3) year terms. Prior to the inaugural meeting, ten voting representatives, selected randomly by the city councils, with the exception of the Chairperson and Vice-Chairperson, shall be assigned to three (2) year terms which shall subsequently become three (3) year terms thereafter. All other LAPHC voting and non-voting representatives shall be assigned to three (3) year terms that shall remain three (3) year terms thereafter.

## **ARTICLE VI – DUTIES, RESPONSIBILITIES AND OTHER COMMITTEES**

Section 1. Duties of the Chairperson and Vice-Chairperson:

- A. Chairperson: Shall call all Regular, and Special meetings of the organization; will appoint members to ad-hoc committees; and provide leadership to the organization.
- B. Vice-Chairperson: Shall provide assistance to the Chairperson and will serve as Chair in his/her absence.

- C. Committees: The LAPHC Chairperson may appoint members to, and create, ad hoc committees on an “as needed” basis. The members of those committees shall select chairpersons for all standing or ad hoc committees.

## **ARTICLE VII – MEETINGS**

- Section 1. Regular Meetings: Regular meetings shall be held as needed. All regular meetings are open to the public.

The Chairperson shall have the responsibility to ensure that notice/agendas for the Regular Meeting be forwarded to the general public and membership within a reasonable amount of time but no less than seven days prior to the meeting date.

- Section 2. Special Meetings: The Chairperson may call special meetings and each member and the media shall be notified by mail, email, fax or other communication. Email or faxed notices shall require written or verbal confirmation of attendance.

The Chairperson may call a special meeting for any purpose. The Chairperson shall make every reasonable effort to notify the media and membership of such meetings within twenty-four (24) hours of the scheduled date and time.

- Section 3. Standing and Ad Hoc Committee Meetings: The Chairperson, or his/her designee, of all standing and ad hoc committees shall provide reasonable notice to all committee members and the media in the event of any scheduled standing or ad hoc committee meeting. Meeting rules and other such business shall be set by the committee.

- Section 4. Quorum:

- A. Regular and Special Meetings: A quorum for all Regular and Special meetings of the LAPHC shall consist of those who are in attendance but shall be no less than fifty (50) percent of the total membership. All affirmative votes of the LAPHC must receive no fewer than twelve (12) votes to be binding.
- B. Standing and Ad Hoc Committees: There shall be no quorum requirements for any standing or ad hoc committee.

## **ARTICLE VIII – BY-LAWS AMENDMENTS**

The LAPHC may, by majority vote, submit recommendations for by-laws changes to the City Councils which shall be delivered to the City Clerks of both cities. By-Laws shall only be amended with the approval of both City Councils (either conducted jointly or separately).

**ARTICLE IX – RULES OF ORDER**

The current edition of Robert’s Rules of Order shall govern the proceedings of all meetings of the LAPHC and its constituent parts except as provided by these by-laws.

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NOW, THEREFORE, the Cities of Lewiston and Auburn agree that this Agreement shall be governed by and construed in accordance with the laws of the State of Maine specifically including, but not limited to, Chapter 115 of Part 2 of Title 30-A of the Maine Revised Statutes. It shall be liberally construed to effect the purposes for which the Lewiston-Auburn Public Health Committee was created;

AND that the Lewiston City Administrator’s Office shall provide basic administrative support services until such time as the City Administrator in Lewiston and the City Manager in Auburn mutually agree to develop other administrative support systems utilizing available municipal and community resources;

AND that the existence of the Lewiston-Auburn Public Health Committee shall commence upon the latter of: (1) enactment of resolutions authorizing this Agreement by the City Councils of Lewiston and Auburn; and (2) the filing of this Agreement with the City Clerks of Lewiston and Auburn and the Secretary of State for the State of Maine in accordance with 30-A M.R.S.A., Section 2204;

AND that the modification of this Agreement may occur at any time by a duly enacted resolution of both City Councils of Lewiston and Auburn. Notification of any action to modify this Agreement must be delivered in writing to the Chairperson of the LAPHC and to the City Clerks in Lewiston and Auburn no later than fourteen (14) days prior to any scheduled vote of the City Councils in Lewiston and Auburn;

AND that the existence of the LAPHC shall continue until such time as either City Council in Lewiston or Auburn terminate this agreement;

AND that the termination of this Agreement may occur at any time by a duly enacted resolution of the City Council of Lewiston or the City Council of Auburn. Notification of any City Council action to terminate this Agreement must be delivered in writing to the Chairperson of the LAPHC and to the City Clerks in Lewiston and Auburn no later than fourteen (14) days prior to any scheduled vote of the City Council in either Lewiston or Auburn;

AND that in the event any provision of this is declared to be invalid or illegal, the remaining portions shall remain enforceable in accordance with their terms.

Motion for passage:  
Vote:

Seconded by:

Action by \_\_\_\_\_ City Council:  
ATTEST:

Date:

## VI. Letters of Support



August 7, 2007

Phil Nadeau  
Deputy City Administrator  
City of Lewiston  
27 Pine Street  
Lewiston, ME 04240

Dear Phil:

I am writing in follow up to your meeting with Laird Covey last week in which you described plans for the creation of a Lewiston-Auburn public health committee. I know that representatives of Central Maine Medical Center have been involved in the steering committee that has developed this proposal.

CMMC is strongly committed to working collaboratively with other healthcare providers, public officials and community representatives to strengthen the overall health of the communities of Lewiston-Auburn. The proposed public health committee represents an innovative public/private partnership approach to tackling a wide array of public health issues.

CMMC enthusiastically supports the proposed committee and looks forward to active participation in it. Please let me know if I can provide any additional information with regard to our support for this project.

Sincerely,

Peter E. Chalke  
President and CEO



# Sisters of Charity Health System

St. Mary's Regional Medical Center • d'Youville Pavilion

November 13, 2007

Phil Nadeau  
Deputy City Administrator  
City of Lewiston  
27 Pine Street  
Lewiston, ME 04240

Dear Phil:

I am writing in support of the Lewiston-Auburn Public Health Committee. Sisters of Charity Health System and St. Mary's Regional Medical Center are strongly committed to working collaboratively with other healthcare providers, public officials and community representatives to strengthen the overall health of the communities of Lewiston-Auburn. The proposed public health committee represents an innovative public/private partnership approach to tackling a wide array of public health issues.

We enthusiastically support the proposed committee and look forward to active participation in it.

Sincerely,



James J. Cassidy  
President/CEO  
Sisters of Charity Health System

Campus Avenue, P.O. Box 7291 • Lewiston, Maine 04243-7291 • (207) 777-8100 • [www.stmarysmaine.com](http://www.stmarysmaine.com)

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A Member of Covatus Health Systems



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# Human Resources

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The Human Resources Department provides internal support functions for the City Manager's Office, department directors, employees, and retirees. The Human Resources Department includes five programs: (1) Administration of Compensation and Fringe Benefits; (2) Administration of Workers' Compensation; (3) Employee Recruitment; (4) Labor Relations; and (5) Compliance with Federal and State Regulations.

The following is an explanation of the various program activities.

## Administration of Compensation and Fringe Benefits

This program includes the administration of the non-union pay plan, review of union employee wages to ensure that they are in conformance with the collective bargaining agreements; maintenance of all personnel records, both active and retiree; processing all paperwork associated with the fringe benefits programs (enrollment forms, address and household composition changes, etc.); submission of health insurance and disability claims to the insurance carrier; submission of the Police and Fire pension changes to the Finance Department; coordination of the Employee Assistance Program, (EAP); representation of the City at administrative hearings; review and submission of the insurance bills to the Finance Department for payment; research and response to employees' and retirees' questions regarding benefits; preparation of annual compensation and benefit letters which details the total costs of the City paid compensation and benefits for each employee.

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## Workers Compensation and Health and Safety Programs

The City of Auburn has been administering a self-insured Workers' Compensation program since the early 1980's. The Human Resources Department coordinates this program for both the City and the School Department. The Human Resources Department is also responsible for ensuring compliance with federal and state regulations such as Bloodborne and Airborne Pathogens and OSHA record keeping requirements relative to workplace injuries and illnesses. The claims aspect of the program include:

- The review and submission of all paperwork (first reports of injury, wage statements, supplemental reports, second employer wage statements, and medical bills);
- Representation of the City at all informal dispute resolution conferences and Workers' Compensation Commission hearings. Formal hearings are handled by the City's legal counsel;
- Participation in quarterly reviews with MMA, the City's Claims Manager, the City's legal counsel, and members of the Finance Department to consider outstanding claims and discuss other Workers' Compensation matters; and
- Coordination with the City and School department directors on the return to work of injured employees, and
- Participation on the City's Safety Team.

The funds requested in this program cover Human Resources Department staff salaries only. The service contract for the third party claims administrator at MMA, plus all lost time benefit payments and medical costs for injured workers appear in the Pensions and Insurance account. Legal expenses incurred as a result of the City's defense of formal petition for review, consultations and preparation of certain legal documents appear in the Legal Services budget.

## Employee Recruitment

The Human Resources Department is responsible for employee recruitment, which includes the following:

- Advertising for job vacancies, screening applications and resumes, checking references, participating on interview panels, sending acknowledgments to applicants, scheduling pre-employment physicals and substance abuse tests, administering skills tests, and maintaining a bank of applicants by job category;
- Signing up new employees for fringe benefits, providing employee orientation, and submitting payroll information to the Finance Department;
- Conducting exit interviews with employees who leave the City's employment;
- Administering entry level and promotional exams in the Police and Fire Departments; and
- Oversight of the Substance Abuse and Testing Policy for applicants.

## Labor Relations

The labor relations program includes participation in the Labor/Management Teams established in each of the unionized departments, participation in the City's negotiation teams, and implementation of initiatives, which have evolved from the bargaining and/or Labor/Management processes. This program also includes assisting department directors, the City Manager and Assistant City Manager with labor-related and personnel issues.

## Compliance with Federal and State Regulations

The Human Resources Department works with all other City Departments to ensure compliance with such mandates as Americans with Disabilities Act (ADA), Family and Medical Leave Act, Department of Labor regulations for substance abuse testing for equipment operators with Commercial Drivers Licenses (CDL's), OSHA record keeping, and other regulatory requirements.

# Goals

Recruitment – To hire employees who are fit for duty and who embrace the City's values and who are adaptable to a changing environment.

- Incorporate skills testing for all candidates as appropriate.
- HR staff will attend at least 2 job fairs per year to reach a larger and more diverse pool of candidates.

Health Promotion and Safety – To keep employees safe and fit for duty.

- Health Promotion Program – to move 25% of employees from higher risk categories to lower risk levels through participation in the health promotion program.
- Workers Compensation and Safety – to reduce the numbers of workers compensation claims by 10%.

Compensation and Benefits – To retain employees by providing a competitive pay and benefits package.

- To promote financial security by conducting at least one financial planning/retirement planning workshop per year

Employee Development and Training – To provide employees with a path to be effective leaders in their current position as well as assuming more responsible positions in the organization.

- Update all new job descriptions to support the new wage classification and pay plan.
  - Implement a new performance evaluation system that provides a better employee development tool for employees and supervisors.
-

Technology – To use software to its full potential to support HR functions.

- Provide computer access in the HR Department for applicants to complete employment applications and have them inputted directly into an applicant bank in the MUNIS software system.
- Develop an HR intranet or some other format for employees to access policies, contracts, forms etc electronically.



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# Health & Social Services

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The Mission of the Health and Social Service department is to provide quality, timely and temporary services, enabling Auburn families, the disabled and elderly to achieve self-sufficiency in a dignified, respectful and timely manner.

General assistance is a State mandated program administered in accordance with the standard of eligibility as provided in 22 MRSA, Chapter 1161. The City receives 50% reimbursement from the State for the assistance provided. In addition reimbursement is also received in the form of liens and lawsuit settlements as well as personal reimbursement.

Limited case management is provided to assist clients with securing available and potential resources. These resources include agencies that provide a variety of social services, financial assistance, training, education, rehabilitation, and employment opportunities. Case Management, in combination with collaborative relationships with the various social service agencies, are vehicles that move clients toward self sufficiency.

Health Promotion by offering employees and their families educational and interactive activities on healthy habits, attitudes and personal care. In addition, flu clinics are offered to citizens with limited means and resources by working closely with the State Center for Disease Control and Prevention offices on preventive health for our public population.

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# Goals

## Increase the ability of able-bodied applicants to seek and maintain employment

- Move clients from dependent to self sufficiency
  - Clients will be given opportunities to increase their job skills by working with the Career Center and participate in their program
- Mandate attendance for GED, educational activities, as well as, ESL classes and Literacy Volunteers when appropriate
- Create a separate tracking record to follow up with participation

## Health promotion and Safety: To keep employees and citizens healthy and safe

- Provide health promotion opportunities to employees and family members to develop healthy habits
- Work with other departments and community agencies to resolve health issues in our community
- Become a certified Local Health Officer (LHO) as required by the state

## Resource Building to minimize the cost of General Assistance

- Provide resources such as the Security Deposit Loan Program (SDLP), as well as, the Shelter Overflow program to minimize the cost of general assistance
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# Auburn Public Library

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The Auburn Public Library offers its community members services to help:

- Satisfy popular interests
- Realize self-directed learning and academic goals,
- Find information on a variety of topics,
- Meet and interact with others, and
- Find, evaluate and use information effectively.

The Library provides access to its services and collection to people, who live, work and study in the Auburn area. Access is provided regardless of socio-economic status, age, level of physical and intellectual ability, or cultural background.

The Auburn Public Library was established in 1890 and is a 501-(c) (3) charitable organization. It is governed by a Board of Trustees and has over 600 corporators that represent the interest of the community. Corporators represent a diversity of ages, interests, and backgrounds and are drawn from as many corners of the city as possible. The Board is made up of nine elected corporators, one city council member who is appointed as the mayor's representative to the Board, and one school representative who is appointed by the Superintendent of schools.

While the Auburn Public Library is not a City Department, it works in close partnership with the City to maintain and operate a free public library on City owned land. The Library has independent assets, including an endowment fund, collection and other personality, and regularly conducts fund-raising appeals. The Library derives its annual operating expense from City appropriation and library generated revenues.

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# Goals

General Information - Helping meet the need for information and answers to questions on a broad array of topics related to work, school, and personal life.

Individuals of all ages will easily and conveniently obtain materials, services and information to aid them in finding answers to questions on a broad array of topics related to work, school, and personal life.

- Each year, 85% of people surveyed who received assistance finding resources and information on a broad array of general interest topics will indicate that they obtained the information and that it was delivered courteously and efficiently.
- Annually, the library will work collaboratively to host a minimum of five events to examine national, state, and local public affairs issues, such as ethnic relations, taxation, and health and wellness.

Formal Learning Support - Helping students who are enrolled in formal programs of education, or who are pursuing their educational through home schooling to attain their educational goals.

Students grades K-12 enrolled in formal education or who are home schooled will obtain supplemental resources and services to help them achieve their academic goals.

- All Auburn public school students in grades 2 and 6 will annually visit the Library for an information session and tour of the building.
- In an annual survey, 85% of students using the Library's resources for class assignments will indicate that they found the materials and services they sought.

Educators will learn how best to utilize the Library's authoritative electronic and other resources for use by their students for homework and research assignments.

- In an annual survey, 85% of the educators responding indicate that they have increased their knowledge and ease of use of library electronic and other resources.
-

Secondary school students and adults seeking post secondary education and training will learn about opportunities available to them as they identify, apply to, and finance their continuing education.

- Each year, 85% of people surveyed will indicate that they found the supplemental information they sought to assist them in making informed decisions about their continuing education options.
- Eighty-five percent of people surveyed annually will indicate they found the materials they needed to increase their basic skills in preparation for returning to school or taking standardized admissions or licensing exams.

Provide public space to address the need for people to meet and interact with others and to participate in public discourse about community issues.

Community businesses, organizations and individuals will use dedicated library space for meetings, to interact with each other and to engage in public discussion about community issues.

- In an annual survey, 85% of organizations, businesses, and individuals using meeting rooms will indicate that the availability, space, furnishings, and equipment in the conference and community rooms met their needs.

The community will receive a rich array of cultural, educational and informational activities through collaborations with local groups and organizations.

- Between FY08 – FY12, the Library will work collaboratively to host a minimum of ten events or activities to celebrate ethnic diversity, culture, and the arts in L-A.

Lifelong Learning - Helping to address the desire for self-directed personal growth and development.

Individuals of all ages, genders, backgrounds, and outlooks will benefit from resources and programs designed to help them in their pursuit of self-directed personal, educational, and work-related goals and activities.

- In an annual survey, 85% of respondents with children from infancy through five years will indicate that they received family-centered services, programs and materials related to pre-literacy skill development.
- By FY10, an average of 85% surveyed indicated satisfaction with the Library's in-house collections in six targeted areas.
- By FY09, a series of six to eight up-to-date pathfinders or bibliographies will be generated to aid adults acquiring basic skills and life skills (reading, writing, conversational and technological skills to work/live independently) and those supporting their efforts.

## Information Literacy\_- Helping to address the need for skills related to finding, evaluating, and using information effectively

People of all ages will more effectively find and evaluate information found in print, non-print, and electronic formats.

- Of the people surveyed who receive assistance or attend classes related to electronic resources and technology, 80% will indicate that their confidence in the use of computerized reference tools has increased.
- Starting in FY10, respondents to an annual APL website questionnaire will indicate an 80% satisfaction rate with the use of the website.
- Starting in FY10, 85% respondents to a survey will say that the library was easy and convenient to use with the help of staff or independently

## Current Topics and Titles - Helping to fulfill interests in popular cultural and social trends and desires for satisfying recreational experiences.

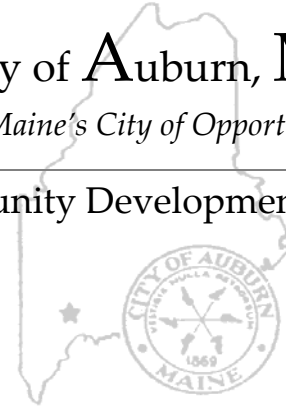
Library users of all ages will find conveniently-located and accessible materials and programs related to popular cultural and social trends to satisfy their desire for informational and recreational reading, listening, and viewing.

- By 2012, 85% of surveyed respondents will indicate that they were able to easily and conveniently obtain materials in prevalent formats to satisfy their popular interests and needs.
- In an annual survey, 85% of respondents in each of the library's three major patron groups (children, teen, and adult) who requested readers' advisory service will indicate satisfaction with the quality of service they received.
- In an annual survey, 90% of those attending programs for children, teens, and adults who complete program evaluations will indicate that they were satisfied with the content and quality of Library programming.

Young children and teens will find conveniently located, child/teen friendly spaces, services, and resources and programs of popular interest to them and their families.

- Between FY08 and FY10, a 10% increase in the teen collection circulation will show that teens found materials for and about themselves and information of interest to teens.
- Children's collections will be developed and maintained in targeted high-demand popular interest areas or formats and 75% of the patrons surveyed will indicate that they are satisfied with the Library's in-house offering in those areas.
- In an annual survey, 85% of respondents using the "TeenSpace" regularly or who use the Children's Room regularly will indicate that they feel those spaces are inviting and meet their needs.

City of Auburn, Maine  
*"Maine's City of Opportunity"*  
Community Development Program



TO: Laurie Smith, Acting City Manager  
FROM: Reine Mynahan, Community Development Administrator  
RE: Disposition of 22 Pine Street (formerly Franklin School)  
DATE: February 13, 2008

I am requesting City Council approval for disposition of the city-owned property at 22 Pine Street to be developed as affordable housing with a preference for supporting housing, and that a Request for Proposals process be used to select a developer.

### **Prior Disposition Efforts**

In 2006 the Finance Department advertised the property for sale. Initially, an organization was interested in buying the property for educational purposes and offered \$111,111. The property was under option for six months until the organization withdrew its offer. The property was also shown to four other parties: two non-profits developers, one to be used as a family shelter and the other as supportive housing, and two investors. The investors did not make an offer; however, both non-profits expressed an interested in this property.

### **In-House Review**

In November 2007 a 6-member in-house committee representing Finance, Parks and Recreation, Police, Planning & Permitting, Engineering and Community Development viewed the property and met to discuss possible alternatives for this property. Attached is a copy of the meeting record which describes all alternatives considered, and the advantages and disadvantages of each. The group concluded that permanent supportive housing would be the best use for this property.

### **Supportive Housing**

Supportive housing is a successful, cost-effective combination of affordable housing with services that helps people live more stable, productive lives. Supportive housing works well for people who face the most complex challenges—individuals and families who have very low incomes and serious, persistent issues that may include substance use and mental illness.

Research has shown that providing services in a permanent housing setting leads to better outcomes and is less expensive than the cost of habitual shelter stays. The City of Auburn's Consolidated Plan identifies a "housing first" approach to addressing the homeless population. Housing first is based on two principles:

1. emphasis on placing homeless people in affordable housing as quickly as possible and
2. once in housing, preventing a recurrence by providing services that help them stabilize.

Rather than following the resources, developers gravitate towards supportive housing because it is within their mission to do so. MaineHousing earmarks resources for supportive housing. With MaineHousing regulating the quality of improvements, the building would receive a higher level of renovation than would otherwise be possible for a developer of market rate housing. There is currently no supportive housing offered in the City of Auburn.

### **Recommendation**

The Community Development Department recommends that the City Council approve the disposition of 22 Pine Street with the provision that the property be dedicated as long-term affordable housing with preference for supportive housing, and that a Request for Proposals process be used to select a developer.

**MEETING RECORD  
DISPOSITION OF 22 PINE STREET**

**NOVEMBER 9, 2007**

**ATTENDANCE:** Dennis Roderick, Finance Department; Peter Bushway, Recreation Department; Kevin Mulherin, Police Department; David Galbraith, Planning & Permitting Department, Gary Johnson; Engineering Department; and Reine Mynahan, Community Development Department.

The property was formerly used as an alternative school. The property is in the Multi-Family Urban zone.

Allowed uses are: one family dwellings; two-family dwellings; shelter for abused persons; accessory uses, buildings or structures. Under a special exception, the following uses are allowed: care homes; lodging houses and boarding homes; community based residential facilities (shelters); training schools; adult day centers; schools; churches or temples; and museums. Within a range of 500 feet there are 49 investor-owned residential buildings and 68 which are owner-occupied.

After viewing the building, the group re-convened to discuss ideas to determine what the City could do with this property. Some of the ideas discussed are potential projects that are currently under consideration.

Several concerns that should be addressed when considering re-use are as follows:

- The School Department is expecting to receive a sum of money for this building/the City should attempt to receive, at a minimum, the value of the land (current assessed value of land is \$43,400);
- The building is structurally sound, but needs substantial renovations/to restore this property will take a tremendous amount of capital;
- The City should attempt to receive some benefit after this lot/building is redeveloped/should require some concession if working with a non-profit (payment in lieu of taxes); and
- The redevelopment should be compatible with the neighborhood.

**AFTER MUCH DISCUSSION, THE GROUP CONCLUDED THAT PERMANENT SUPPORTIVE HOUSING WOULD BE THE BEST USE FOR THIS PROPERTY.**

See attachment for full discussion of ideas.

**DISCUSSION:** The ideas for redevelopment and issues that were considered are listed below:

**Recreation Use: The property could be redeveloped as a splash park/indoor pool.**

- ADVANTAGE
  - New community service
- DISADVANTAGES
  - Would not generate any taxable income
  - Cost to demolish and redevelop the space
  - Spot park is not efficient to manage
  - This is a challenging neighborhood/could be dealing with damage
  - This type of facility may need parking
  - Adequate parks/open space already exists in neighborhood

**Commercial Use: The property could be redeveloped into low-impact office space (not retail).**

- ADVANTAGES
  - Property becomes taxable
  - Building would be improved
  - Perhaps there would be a new neighborhood service that is currently not available
- DISADVANTAGES
  - Potential neighborhood (use) incompatibility
  - Would generate little interest from developers
  - Limited parking
  - It's a hard place to find
  - Not allowed by zoning ordinance

**Parking: The property could be redeveloped into a parking lot.**

- ADVANTAGES
  - The area needs more parking, particular winter relief
- DISADVANTAGES
  - No revenue for the City
  - Costs to demolish the building and to construct the parking lot
  - Plowing and maintenance costs

**Residential: Demolish building and construct single family homes (2 allowed by ordinance)**

- ADVANTAGES
  - Residential use would fit in with the neighborhood (predominantly rental properties)



- Fully taxable
- Could be an affordable housing resource/partnership with Habitat for Humanity
- DISADVANTAGES
  - Limited/no return for sale of the property if to non-profit entity
  - Private market will not be excited about building in this neighborhood, perhaps not even Habitat for Humanity will be interested
  - Possible demolition costs
  - New construction (style) may not fit well in neighborhood

**Residential: Private Market Rental Housing (5 Units allowed by ordinance)**

- ADVANTAGES
  - Property would become taxable
  - Fits well into the neighborhood
  - Adequate parking
- DISADVANTAGES
  - Cost of renovations will not produce positive cash flow
  - No interest

**Residential: Homeless Family Shelter**

- ADVANTAGES
  - The community is in need of a family shelter
  - Expressed interest of non-profit developer
  - Adequate parking
- DISADVANTAGES
  - Neighborhood concerns about bringing in people who are not invested in the neighborhood
  - Could increase General Assistance budget
  - Reduced/no real estate tax return

**Residential: Community-Based Residential Facility (Group Home)**

- ADVANTAGES
  - Permanent housing with support services provided directly in the building/support services stabilizes resident issues
- DISADVANTAGE
  - May be limited interest from developers
  - Reduced/no real estate tax return

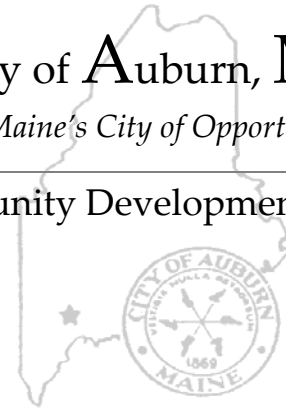
**Residential: Affordable Supportive Housing (5 Units allowed by zoning ordinance)**

- **ADVANTAGES**
  - Community needs more affordable housing
  - Support services helps to stabilize resident issues
  - Permanent housing/residents are invested in neighborhood
  - Expressed interest of non-profit developer
  - Fits well into neighborhood
  - Project would involve resources from several sources including Maine Housing/translates into greater level of building improvement/quality project
  - Adequate parking
  - Quality developer/better maintenance
  - Currently no supportive housing resource in the City
  
- **DISADVANTAGE**
  - Limited return from sale of the property
  - Reduced/no real estate tax return

# City of Auburn, Maine

*"Maine's City of Opportunity"*

## Community Development Program



TO: Laurie Smith, Acting City Manager

FROM: Reine Mynahan, Community Development Administrator

RE: Community Development Program Amendments

DATE: February 13, 2008

I am requesting approval of an amendment to the 2007-08 Action Plan of the Community Development Program. The amendment will be to 1) re-allocate \$140,000 of Community Development Block Grant funds, \$100,000 for the Rehabilitation Loan Program and \$40,000 for contracted services for sidewalk improvements to Cook and Fifth Streets; and 2) re-allocate \$29,000 of HOME Investment Partnerships Program funds for the Security Deposit Program and rental housing.

### **Citizen Participation**

In the past the Citizen's Advisory Committee (CAC) asked that they be notified of any proposed re-allocation of funds and if they have a concern, they would contact staff or their City Councilor. The CAC was notified of this change on February 11, and we have heard of no concerns as yet.

### **COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM**

#### **Rehabilitation Loan Program**

In response to the high prices to keep homes warm, in December Community Development staff requested an amendment to the Rehabilitation Loan Program guidelines. This amendment accomplished two objectives: 1) to expand the program to include investors who rent to low-income tenants; and 2) to increase the loan limits to a level that is high enough to accommodate generally larger buildings that are occupied as rental housing.

Staff created a streamlined approach in an effort to speed up loan processing. All together, this approach has been very successful. The loan committee has been meeting bi-monthly and has approved 10 energy applications to make improvements to 15 units. Furthermore, there are currently 8 applications in the pipeline.

The success of this program has created a shortfall that will affect the program for the remainder of the year. At this time, the program has an uncommitted balance of \$3,684. Without further capitalization of the loan program, it will be necessary to hold up the loan closings of the 8 applications that are in queue until we receive program income. We propose re-allocating \$100,000 to this program.

### **Cook and Fifth Street Sidewalk Project**

The 2005-06 Community Development budget included \$30,000 for sidewalk improvements on Cook and Fifth Streets. These improvements were to be completed by the Auburn Public Works crew; therefore, the budget reflects an amount for materials only. Due to other commitments, Public Works has been unable to undertake this project.

In this year's budget, a separate amount was appropriated to undertake sidewalk improvements through contracted services. The bids for contracted services were extremely favorable, and the City's contractor is willing to take on more sidewalk work at the same unit prices. Including this work in the current contract would be a good arrangement for both the City and the contractor. However, by contracting the work the cost would increase by \$40,000. We propose re-allocating \$40,000 for this project

### **Cancelled Activities**

In order to increase funding for the Rehab Program and sidewalks, we propose reducing the Economic Stimulus Loan Program by \$85,000, and canceling the activities for Great Falls School Elevator (\$25,000) and Academy Street Design Services (\$30,000). Demand has been low for Economic Stimulus loan funds, and there is no prospect of undertaking the Great Falls School Elevator for at least another year.

## **HOME INVESTMENT PARTNERSHIPS PROGRAM**

### **Security Deposit Program**

The current HOME budget includes \$7,600 for a Security Deposit Program funded by both Auburn and Lewiston. This program has been extremely successful in assisting homeless and near-homeless people to obtain housing. Since July 1<sup>st</sup>, the program has assisted 34 households to become housed, 19 of which were assisted with HOME funds. The loan pool is currently depleted. The amendment includes an additional \$2,000 from each community.

### **Rental Housing—Lewiston**

In order to receive HOME funds, it was necessary for the twin cities to form a consortium. The City of Auburn is the lead agency. For that reason, Lewiston's HOME budget is included in Auburn's Action Plan, and changes must go through Auburn's approval process. Lewiston has had a great level of activity in rental housing and desires to move \$25,000 from homebuyer to rental housing.

**Recommendation**

The Community Development Department recommends that the City Council approve this amendment of the 2007-08 Action Plan of the Community Development Program.

**Public Hearing**

To comply with the Citizen Participation Plan requirements of the Community Development Program, the Mayor and City Council shall hold a public hearing prior to considering the amendment.