

Moore-Love, Karla

From: Thomas Karwaki <karwaki@yahoo.com>
Sent: Wednesday, June 27, 2018 6:35 AM
To: Council Clerk – Testimony
Cc: Commissioner Fritz; Commissioner Fish; Commissioner Eudaly; Commissioner Saltzman
Subject: UPNA Testimony on Agenda Item 702, Waiver of SDCs for ADUs
Attachments: UPNA Comments on Agenda Item 702, Waiver of SDCs for ADUs.doc

The University Park Neighborhood Association Board requests that you consider the following comments in your deliberations today on Agenda item 702.

Thomas Karwaki
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University Park Neighborhood Association Board (UPNA)

Testimony & Comments on City Council Agenda Item 702
Conditional and Permanent Waiver of System Development Charges (SDC) on
Accessory Dwelling Units (ADU) and Covenant /Fine on Short Term Rentals (STR)



June 27, 2018

Mayor and City Council:

The University Park Neighborhood Association's Board and its Land Use & Transportation Committee offer the following comments and testimony on this matter and request that you consider these comments in your deliberations. The UPNA Board consists of 20 individuals from the neighborhood who are homeowners, renters, business owners, students, and reflect the broad racial, gender, age and economic diversity of the community.

This testimony builds upon that provided by the Board and Mr. Karwaki to the Council on May 2, 2018 concerning Resolution # 37353 and includes the comments of over 100 neighbors who participated in the April 2018 General Membership meeting.

- 1) Accessibility for All. The waiver of System Development Charges (SDC) should serve to increase physical accessibility to housing for ALL residents. Waivers should include an incentive to adopt Universal Design standards, such as providing a full waiver only if the unit meets such standards, and a discount of 10-25% that don't. Universal Design is different from the Visitability standard being proposed by the City in its Residential Infill Project (RIP), particularly using 36 inch halls and doors rather than 34 inches. This is not a small matter to persons who use walkers or wheelchairs. A discount still promotes the development of ADUs – all ADUs – NOT just as an incentive for a second ADU (as the Visitability incentive in the RIP). At the April general meeting we had over six residents who used wheelchairs and walkers and this was a major concern for them with respect to the ADUs, Better Housing By Design and RIP.

The UPNA Board strongly supports any amendments offered by Commissioners to the proposed ordinance that will increase accessibility and promote the use of Universal Design. Adoption of Universal Design will also promote the City's Aging-In-Place and All Ages policies.

- 2) Sunset or Cap the Waivers. As the City's Budget Office memo indicates, this ordinance could substantially reduce the ability of the City to provide Parks, Transportation, Water and Sewer, at current levels equaling \$7.25 million per year. Some Commissioners have been reported by the media and in open Council discussions of a development goal of 1,500 ADUs per year, rather than the current production level of almost 600/year. This could lead to up to a foregone revenue of @ \$20 million per year in the future. A sunset of 5 or maximum of 10 years seems prudent, as well as a cap. This approach has been used as an incentive for electric vehicles by various states (including Washington) and for alternative energy by the federal government.

Making the Waivers permanent creates a RIGHT for ALL SFH property owners to take \$10-40,000 or more from the City government for future development. It creates a conditional OPTION for each property owner that will be reflected in the market value of each property. This option has a present value, perhaps \$500-2,000 depending on the neighborhood that will be baked into the market value of a

residential property. This is similar to what will happen with the Transferable Development Rights for multi-unit housing under the Better Housing By Design project. Making the waivers permanent essentially privatizes the benefit of housing and reduces the City's ability to make investments in its infrastructure. The residential market does not significantly value short term incentives (such as the City's current policy of waiving SDCs for two year periods).

- 3) Modify the Fine or recapture of the SDC waiver for an ADU becoming an STR. The UPNA Board endorses the concept of a covenant, but requests that the Council create a 30-60 day window before such an enforcement action was initiated. Many ADU homeowners need a revenue stream for this investment, and allowing a unit to have 30-60 days of STR revenue between Long Term Residents (LTR) gives the owner a limited financial cushion while still providing a significant incentive for the ADU to be used for LTR purposes (aka leasing).

Making the waivers permanent is a significant policy change for the City that will impact future infrastructure investments. The UPNA Board strongly recommends that the Council delay adoption of this Ordinance for a week or two to provide a public hearing to allow a broader participation by the affected parties and public (and not just individuals/businesses involved in the ADU development industry).

Thank you for considering these comments.

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Land Use & Transportation Committee Chair
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FINAL BILL REPORT ESHB 1427

C 297 L 17
Synopsis as Enacted

Brief Description: Concerning opioid treatment programs.

Sponsors: House Committee on Health Care & Wellness (originally sponsored by Representatives Cody, Jenkins, Peterson and Pollet).

House Committee on Health Care & Wellness
Senate Committee on Health Care
Senate Committee on Ways & Means

Background:

Prescriptive Authority.

It is unlawful to possess, deliver, or dispense a legend drug except pursuant to a prescription issued by a health care provider who has prescriptive authority under Washington law. Providers with prescriptive authority include allopathic and osteopathic physicians and physician assistants, advanced registered nurse practitioners, dentists, naturopaths, optometrists, podiatric physicians, and veterinarians. Prescriptions must be for a legitimate medical purpose and within the provider's scope of practice.

In 2011 several disciplining authorities were required to adopt rules on chronic, noncancer pain management. Separately, the Agency Medical Directors' Group has adopted guidelines on prescribing opioids for pain.

Prescription Monitoring Program.

The Department of Health (DOH) maintains a Prescription Monitoring Program (PMP) to monitor the prescribing and dispensing of controlled substances and other drugs that demonstrate a potential for abuse. When one of these drugs is dispensed, the dispenser must electronically submit to the PMP a patient identifier, the drug dispensed, the dispensing date, the quantity dispensed, the prescriber, and the dispenser.

Data in the PMP may be accessed by:

- a person authorized to prescribe or dispense a controlled substance or legend drug for the purpose of providing medical or pharmaceutical care for his or her patients;
- a person requesting his or her own PMP information;

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

- personnel of the DOH for administration of the PMP or the Uniform Controlled Substances Act, the Department of Social and Health Services (DSHS) or the Health Care Authority (HCA) regarding Medicaid recipients, the Department of Labor and Industries regarding workers' compensation claimants, and the Department of Corrections regarding offenders in the agency's custody;
- a health professional licensing, certification, or regulatory agency;
- an appropriate law enforcement or prosecutorial official;
- an entity under grand jury subpoena or court order;
- certain medical test sites licensed by the DOH; and
- a health care facility, entity, or provider group of five or more providers for the purpose of providing medical or pharmaceutical care to patients if: (1) the facility or entity is licensed by the DOH, or all the providers in the group are licensed; and (2) the facility, entity, or group is a trading partner with the Health Information Exchange.

A dispenser or practitioner acting in good faith is immune from civil, criminal, or administrative liability for requesting, receiving, or using information from the PMP.

Seven Best Practices in Emergency Medicine.

The 2012 Supplemental Operating Budget required the HCA to designate best practices and performance measures to reduce medically unnecessary emergency room visits for Medicaid clients. The practices are referred to as the Seven Best Practices in Emergency Medicine.

Opioid Treatment Programs.

The Community Mental Health Services Act makes several declarations related to opioid treatment including: the state declares the following:

- Opiate substitution treatment should be used only for participants who are deemed appropriate for this level of intervention and should not be the first treatment intervention.
- The state has the authority to control and carefully regulate the clinical uses of opiate substitution drugs in consultation with counties and cities.
- The primary goal of opiate substitution treatment is total abstinence from substance use.

The DSHS certifies opiate substitution treatment programs and is required to establish treatment and operating standards in consultation with treatment providers, counties, and cities. In making a decision on a program's application for certification, the DSHS must, among other things:

- certify only programs that will be sited in accordance with county or city land use ordinances. Counties and cities may require conditional or special use permits for siting programs;
- demonstrate a need in the community for opiate substitution treatment and not certify more program slots than justified by the need, up to a maximum of 350 participants unless authorized by the county;
- prioritize applicants that have the capability to provide services to assist participants in meeting statutory goals, including abstinence, obtaining mental health treatment, improving economic independence, and reducing adverse consequences associated with the illegal use of controlled substances; and



THURSDAY ♦ JUNE 3, 1999

"We're scrambling right now. We have very little in place."

Laurie Blair,

Director, Refugee Resettlement Program, Jewish Family and Child Service

Refugees on their way to Portland

The first of the Kosovars destined for the area, a couple and their 10-month-old daughter, could arrive tonight from New York

By ROGER ANTHONY
THE OREGONIAN

The first family of Kosovar refugees to settle in Portland may arrive as early as this evening.

Four Portland groups are expecting to be assigned refugees. On Wednesday, the Jewish Family and Child Service was told that a family of three scheduled to come to Portland would be arriving in New York.

Meanwhile, volunteers from Catholic Charities and the Metanoia Peace Community prepared for the arrival of 26 refugees who are quartered temporarily at a military base in Fort Dix, N.J.

"We're scrambling right now," said Laurie Blair, director of the refugee resettlement program for Jewish Family and Child Service. "We have very little in place."

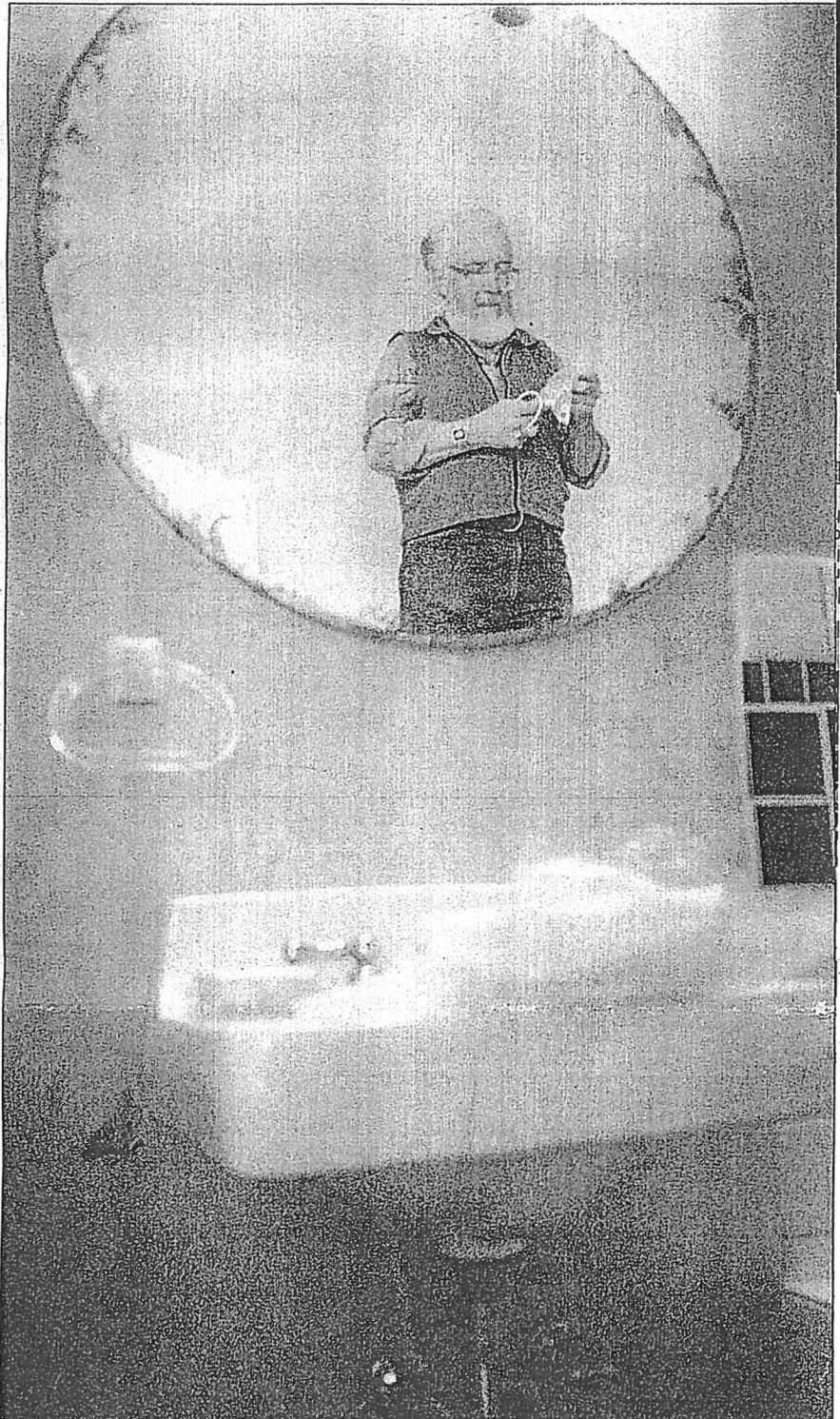
The family consists of a husband and wife in their 20s and their 10-month-old daughter. Blair said her organization would be contacting American Muslim Family Services and the Muslim Educational Trust in hopes of finding housing for the family near a Muslim mosque in Beaverton.

For the refugees, the path to Portland from Kosovo has been a winding one, filled with confusion and unexpected delays.

When the United Nations classified the Stankovec I refugee camp in Macedonia as vulnerable, that meant everyone in the camp could apply for resettlement, explained Gabrielle Bushman, a spokeswoman for Immigration and Refugee Services of America, one of the 10 national resettlement organizations handling the Kosovar refugees.

"Originally, the U.S. was not on the form," she said. Thus, the first large wave of refugees went to Germany, which quickly cut off immigration after accepting 10,000 refugees. Then, on April 21, the United States announced that it would accept 20,000 ethnic Albanian refugees.

But the process for the Kosovar Albanians was more cumbersome than for many refugees and immigrants. "Usually, refugees can come here directly from the country of asylum," said Penny Strauss, director of refugee and immigration ministry for Ecumenical Ministries of Oregon. "That's usually where people get processed, get documentation and have a medical check. But this is different because there has been such an immediate demand." Consequently, refugees were subjected to only a cursory medical screening before being sent to



BENJAMIN BRINK/THE OREGONIAN

Bruce Huntwork, a volunteer with Metanoia Peace Community, installs a bathroom light fixture in

189050

Dear Friends,

This last Wednesday Attorney General Jeff Sessions invoked Romans 13 to validate the amoral separation of immigrant children from their families, and now (as noted by our Christian Elders at "reclaimingjesus.org") people are watching and waiting to see what our churches will say and do. Today you might be tempted to exhale given President Trump's Executive Order, but we know that our broken immigration system has been separating families long before this moment, and that it will continue to do so if our laws remained unchanged. Likewise, we know that this administration in particular must be held accountable for its public rhetoric, and here in Oregon that means gaining direct access (so far denied) to immigrant detainees being held at the Federal Correctional Institution in Sheridan, OR.

So, as announced at the Interfaith Movement for Immigrant Justice (IMIRJ) press conference earlier today, we will be holding a public worship service this Sunday morning (6/24) at 11:00a, just outside the Sheridan Prison. Main Parking at Sheridan High School (433 S Bridge St, Sheridan, OR 97378)

For our communities of faith, this can no longer be a time for "business as usual." We realize that this is short notice, and that it is very difficult and disruptive to change our usual Sunday routines with so little lead time. But given the nature of this national crisis of faith, we believe that difficult disruptions are now called for, and we are asking all faith leaders and faith communities throughout Oregon to join us in Sheridan for this special moment of prayer-in-action. As of the sending of this letter, three churches [*we can update this number if we learn of more*] have committed to moving their Sunday worship service to Sheridan (for a complete list, see below). In some cases the service at their usual house of worship has been canceled entirely, in others a loose "bare bones" service will remain. But all have committed to handing out this letter to help interpret this dramatic break from business as usual, and it's our hope and prayer that others will join us in this important gesture (*for more faith resources to help interpret this moment to your communities, check out reclaimingjesus.org*).

Our Sunday Service in Sheridan (called "The Road to Sheridan: Love Leads Us") will include all the traditional worship elements (communion, prayer, music, sermon, etc.), but it will also include a direct ask of the Prison to allow ongoing clergy access to detainees so they can receive the pastoral care they need and have requested - and so that we can learn more about how they are being treated and whether or not they are being reunited with their children, spouses and other family. If you'd like to participate on Sunday, let us know by emailing ron@imirj.org, but otherwise just plan on showing up on time - all the other logistics will be taken care of.

In faith and prayer for immigrant families and for our country,

Rev. Chris Craun, *St. Michael & All Angels Episcopal Church*
Rev. Michael Ellick, *First Congregational United Church of Christ*
Rev. Melissa Reed, *Salt & Light Lutheran Church*
Rev. Dr. Sara Rosneau, *Waverly Heights United Church of Christ*