

MINUTES OF A REGULAR MEETING

URBANA PLAN COMMISSION

APPROVED

DATE: September 5, 2002
TIME: 7:30 P.M.
PLACE: Urbana City Building
400 South Vine Street
Urbana, IL 61801

MEMBERS PRESENT: Christopher Alix, Alan Douglas, Laurie Goscha, Lew Hopkins, Randy Kangas
MEMBERS EXCUSED: Michael Pollock, Bernadine Stake, Marilyn Upah-Bant
STAFF PRESENT: Libby Tyler, CD Director; Rob Kowalski, Planning Manager; Tim Ross, Senior Planner; Teri Andel, Secretary; Bill Gray, Director of Public Works
OTHERS PRESENT: Riley Glerum, Troy Flessner, Cloydia Hill Larimore, Dan Holmer, Andrew Kwon, Jerry Marino, Susan McGrath, Esther Patt, John Peterson, Paul Roberts, Dave Taylor, Susan Taylor

Libby Tyler, Community Development Director, announced that Chair Michael Pollock would not be able to attend the next few meetings of the Plan Commission. Mr. Hopkins moved to nominate Randy Kangas as Acting Chair. Ms. Goscha seconded the motion. The motion was passed unanimously.

1. CALL TO ORDER, ROLL CALL AND DECLARATION OF QUORUM

The meeting was called to order at 7:35 p.m., the roll call was taken, and a quorum was declared.

2. CHANGES TO THE AGENDA

There were none.

3. APPROVAL OF MINUTES

Mr. Alix moved to approve the minutes from the meeting held on August 8, 2002. Ms. Goscha seconded the motion. The minutes were approved by unanimous vote.

4. COMMUNICATIONS

Existing Conditions Report (Final Report)
Updated Preliminary Plat for the Somerset Subdivision No. 4

5. CONTINUED PUBLIC HEARINGS

There were none.

6. NEW PUBLIC HEARINGS

Plan Case #1824-T-02: An Ordinance Amending the Zoning Ordinance of the City of Urbana, Illinois (Addition of a Definition and Use Regulations for “Methadone Treatment Facility”)

Ms. Tyler gave the staff report for this case. She began with an explanation of the request by the Urbana City Council, and she noted the reasoning for the proposed amendment was to include a definition for “methadone treatment facility” and to add this use to the Table of Uses in the same zones and under the same provisions as shown for “Hospital or Clinic” use. She noted that the current proposed amendment has three parts, which are 1) definition of “methadone treatment facility”, 2) changes to the Table of Uses, and 3) methadone treatment facilities in the MIC zoning districts. She summarized staff findings and read the options of the Plan Commission regarding this case. She stated staff’s recommendation as written in the staff report.

Mr. Alix noted that the previous zoning interpretation, which was issued sixty days ago, of the Zoning Administrator was that a methadone treatment facility did not fall within the Table of Uses classification of a clinic. That interpretation could have been appealed to the Zoning Board of Appeals; however, it was not. Mr. Alix inquired as to what recourse would that give someone who wanted to open a methadone treatment facility to challenge that interpretation? Ms. Tyler replied that opportunity has come and gone. Once the City Council amends the text of the Zoning Ordinance in whatever way to deal with this use, then the Zoning Administrator’s interpretation becomes null and void. The interpretation was made and was not appealed, so it still holds until it is remedied through a proper text amendment.

Mr. Alix asked if the obvious text amendments would be either 1) that the City Council approves an amendment that creates a new classification for a methadone treatment facility or 2) broaden the definition of a clinic to clarify that clinic would include a methadone treatment facility. Ms. Tyler stated that she agreed. It does appear that the majority of the City Council was prepared to include methadone treatment facility as a separate use.

Esther Patt, of 706 South Coler, noted that she was a member of the Urbana City Council. She stated that her reason for speaking at this meeting was to first explain why the City Council sent this case back to the Plan Commission. The reason was because the City Attorney and the Zoning Administrator stated that the City Council did not have the authority to enact the ordinance changing the Zoning Ordinance in the manner that they chose to do without having another hearing before the Plan Commission.

Ms. Patt commented that the Urbana City Council members feel that a methadone treatment facility should not be treated differently by our Zoning Law than any other type of clinic, and that it is not the role of City government to regulate the types of medical procedures or the types of medication that are provided to people by physicians. The City should be looking at land use.

Ms. Patt stated that she was speaking on behalf of herself and not for the City Council, because she was not authorized by the City Council to speak for them. In her opinion, she agreed with the sentiment that was expressed by Plan Commissioner Alix at the last meeting that when looking at the Table of Uses and all of the uses permitted by right in these different categories, there is no reason to believe that a methadone treatment facility would be more intrusive. In fact, there are many uses allowed by right in all these zoning categories that are as intense or more intense uses that would have greater impact on surrounding properties.

Ms. Patt also felt that a fundamental principle that is important to our community is how we as a community treat health programs that are designed to help people but carry some stigma. There are many barriers to health care delivery in our community and in our nation. Two of those barriers are cost and the availability of services. In the case of methadone treatment, the lack of service is a major problem in our community. That people have to travel all the way to Chicago is not only a burden on those that do, but also a barrier to keep many people from receiving the treatment. Another barrier to some health care services is the stigma attached to them, which is probably true for substance abuse treatment more than anything else other than perhaps mental health services.

Ms. Patt's concern with the previous plan case was that it codified a stigma against substance abuse treatment. Therefore, she could not support the case. She added that if at some future date, City staff had the time to further examine the whole category of clinic; it would be a good idea. She would rather that be done before the next clinic comes up that someone wants to argue is not covered under the definition of hospital or clinic. She felt it would be a great disservice to the people of our community, who travel long distances to get this methadone treatment as well as to people who are in need of service and not getting it, for the City to delay action on this plan case for some indefinite period of time while staff re-examine how our Zoning Ordinance deals with hospitals and clinics. She encouraged the Plan Commissioners support for the plan case presented to them as amended.

Mr. Alix asked Ms. Patt to speculate why the City Council's proposed remedy was to create a new zoning classification as opposed to an effectively three-word amendment to the definition of a clinic as it appears in the Zoning Ordinance? Ms. Patt responded that it was because there is no definition of "clinic" in the Zoning Ordinance. The opinion of the City Attorney and of the Zoning Administrator was that we could be opening a door to problems for other health care providers by simply saying that "a clinic is any clinic including a methadone treatment facility". If we define "clinic", then we should do it properly and carefully. Although she does not disagree, she does not think that we should further delay the Public Health District's effort to provide a very much needed service, while we spend months researching and considering all the different aspects of clinic. She would personally like to see this amendment pass now, and once the staff has the time to carefully research the definitions of clinic and talk to health care providers to come up with a definition for the Urbana Zoning Ordinance, then roll methadone treatment facility back into the definition of "clinic". The primary goal is to make the law say

that which the majority of the City Council believes it should say and what people might have thought the law already did say, which is that a methadone treatment facility is a permitted use in all the zoning categories where a clinic is a permitted use and could be allowed as a special use in all the zoning districts where a clinic is allowed as a special use.

Mr. Alix questioned if Ms. Patt did not think that distinguishing between various types of medical practices is a land use issue? Ms. Patt replied not with regard to the types of pharmaceuticals prescribed or the specific procedures that are performed. She had not heard an argument as to why that would be the case. Mr. Alix questioned if based on that the City Council could ask the Plan Commission to recommend an amendment that essentially does create a special category for methadone treatment facility? Are they not concerned that in effect opens the door to imposing different conditions on a methadone treatment facility than on any other type of medical clinic? Ms. Patt stated that was one of her concerns. The alternative strategy is one that will probably result in the death of some people who live in our community while the availability of this service is further delayed.

Ms. Tyler objected to the characterization that the idea of defining “clinic” was objected to by staff because “it won’t work and would take months of research”. The objection was the same objection to any change to the text amendment made on the City Council floor in that it was outside the parameters of the noticed public hearing. It could have come back in another form. She never said anything about months of research or time. Mr. Alix was correct in saying that there are two ways to approach this, which were to properly define “clinic” or to define “methadone treatment facility”. The American Planning Association (APA) advised her that it would be a good approach to define “methadone treatment facility” separately, so that was the initial text amendment that was proposed and found to be recommended by the Plan Commission. Given concerns by the City Council that they really wanted to approach it more as a clinic, that approach could have then come back and been remanded the same way as the current proposed text amendment was.

Ms. Tyler added that it was purely a procedural concern with the Zoning Ordinance. It was not that staff was trying to delay or obstruct the Public Health District from setting up a methadone treatment facility. It is very clear in the Zoning Ordinance what a text amendment is, and staff is very specific in our legal notices. As far as the delay of many months and result in death, staff has tried to expedite this case as quickly as possible. When a potential user goes out of their way to not work within the Urbana Zoning Ordinance despite advice and they pursue an obstructionist viewpoint, sometimes that can result in a delay. A building permit was issued to remodel the building. There are state and federal permits that must be obtained before this facility can open. Staff is not holding anyone up and does not intend to.

Ms. Tyler noted that it would not need to take months to add a definition for clinic, because staff has done a lot of research already just by virtue of looking into this case. It would take only a matter of a few weeks to come back to the Plan Commission.

Mr. Kangas asked if the state and federal agencies considered a methadone treatment to be different from a clinic? Ms. Tyler answered that methadone is the most highly regulated substance and is treated very differently from other substances by state and federal licensing agencies. Another thing that she thought made a methadone treatment facility distinctive was

that the Public Health District stated that they do not like to locate such facilities near schools, daycare centers, etc. By allowing it by right or special use in residential zones, there would be no way to control that.

Ms. Patt commented that there is a disagreement between the attorney for the Public Health District and the City Attorney and Zoning Administrator as to what the City of Urbana legally can or cannot do with regard to this regulation. This plan case is about what the City will do. Ms. Patt was just trying to address the issue of how to get methadone treatment facility in the Urbana Zoning Ordinance.

John Peterson, of 702 West Pennsylvania, stated that he was a physician and the proposed medical director of the methadone clinic. The applicant is the Public Health District. However, he is not an employee of the Public Health District, so he does not speak for them. His interpretation of why the Public Health District did not appear at the previous Plan Commission meetings was that the Public Health District's legal representatives' interpretation of the Zoning Ordinance allowed the proposed use to be permitted by right. It was only after the City of Urbana discovered, through discussions between the Public Health District and City staff, that there was to be methadone activity in an office building on Broadway that any case was generated at all. Mr. Peterson believed that there was also concern that no compromise of the Public Health's position be developed by acceding to what they consider to be a non-authority on the part of the city to "ex post facto" zone this clinic out of central Urbana for the purpose of any future court battle. Since the Public Health District did not request this plan case and does not feel that it was even necessary to have this plan case, they have not appeared at any of the meetings.

Mr. Peterson stated that he was a proposed contractor with the Public Health District as the medical director. He noted that there are four levels of regulation that are required for a methadone treatment facility. Those four levels are as follows:

1. Substance Abuse Regulation with the State of Illinois
2. Center for Substance Abuse Treatment Regulation required by the federal government.

Mr. Peterson explained that these two regulations are two to three-page applications. These applications take a look at the qualifications and the license of the physician. They also take a look at the stability and the reputation of the proposed contractor. Even though the Public Health District is applying for the methadone treatment license, his name will appear on the application, because it requires an identified medical director. It also needs an address. They have not been able to submit these applications as of yet, because they do not have a completely clear zoning classification.

3. Drug Enforcement Administration (DEA) Regulation.

Mr. Peterson noted that the DEA's role is not in the clinical delivery of services, but in the security area. The DEA's major concern is diversion of controlled substances, which includes a security system that would make it unlikely that individuals could break into the proposed

facility and take large quantities of controlled substances and that of inventory control, so that medications dispensed to patients are accounted for at the end of the month.

4. Accreditation required by the federal government.

Mr. Peterson explained that this requirement was instituted about two years ago. This application is about an eight hundred-page document, which is a procedure manual. The accreditation authority that the Public Health District plans to use for the methadone treatment clinic is the same that hospitals use, Joint Commission on Hospital Accreditation.

Mr. Peterson commented that without these four approvals, the proposed methadone clinic could not open. Again, the Public Health District cannot apply for a license without an address.

Mr. Peterson noted that he is the staff physician in Downers Grove. The downtown area of Downers Grove, where the methadone clinic is located, is a very nice area. He handed out copies of a digital image of a condominium being built within fifty feet from the front door of the methadone clinic in Downers Grove. The lowest cost for one unit in this condominium is \$300,000. The methadone treatment facility has not decreased property values of surrounding properties. In fact, property values have jumped to three times of what they were when the methadone clinic first located there.

Mr. Peterson commented that the facility is very difficult to even recognize that it is in operation. Even though it has 435 patients, only about ¼ of them visit the facility every day. Those who have developed experience on the medication and are beginning to deal successfully with their opiate addiction are given carry-home privileges for visits three times a week if having clean urine for thirty days, carry-home privileges for visits twice a week if having clean urine for a year, carry-home privileges for visits once a week if having clean urine for eighteen months, and carry-home privileges for visits once a month if having clean urine for two years. The majority of the clientele of the Downers Grove methadone clinic have carry-home privileges. People do not hang out at this clinic. There are not drug users or drug pushers outside of this clinic. There are not needles all over in the front street. The reason is that people who are on methadone and effectively stabilized on methadone get no buzz out of other opioms.

Mr. Peterson stated that he was trying to find a way to help people out in Urbana, but he cannot find a way until the clinic is opened. All of the programs within the radius of 50 to 90 miles such as Kankakee, Decatur, Springfield, and Peoria are closed to new patients. There is no new capacity, because these programs are funded by state and federal grants. The programs that have openings are the fee-for-service programs. All of them are located in the suburban and Chicago area. These people will have to actually drive about 150 miles one-way to get treatment.

Mr. Peterson pointed out that there was public testimony from a couple of people testifying that they lived next door to a methadone clinic and did not even know that the clinics were operating. People go into the clinic and are dosed. They are out within five minutes unless they are waiting to see him or a counselor. The clinic looks like a medical clinic.

Mr. Alix had one question related to the accreditation process. He asked if since the state and federal governments require an address to apply for licensure, then does that mean that the state

and federal governments take into account where the methadone clinics are located? Mr. Peterson answered that there was one question on the state application that asks if the proposed clinic location is consistent with the municipal zoning. Mr. Alix asked if the state and federal regulations do not impose any further restrictions as far as distance to schools, distance to daycare centers, etc.? Mr. Peterson answered that the state and federal regulations rely on local zoning regulations.

Ms. Goscha inquired as to how many patients go through the facility in Downers Grove on an average day? Mr. Peterson replied that there are about 115 people per day at the clinic.

Ms. Goscha asked how many square feet the existing methadone clinic was in Downers Grove? Mr. Peterson answered that it was 2400 square feet with six small counselor rooms, the nursing dosing station, his office, the Administrator's office, payment and patient recognition window in the front office as well as a waiting room with eight chairs.

Mr. Douglas commented that it seemed that things ran pretty smoothly at the Downers Grove methadone facility. He inquired as to what the largest problem experienced there would be? Mr. Peterson responded that in terms of treatment, the largest problem would be the ability to get treatment to people as fast as they want it. Although there is no waiting list, methadone is not treated by the body in the same way that most of the opiates and the people that are abusing it is. It is dangerous starting people out too quickly on methadone. The naïve administration of methadone is responsible for about six times risk of death during the first two weeks of treatment than leaving someone on the street. The clinic starts patients out slowly on methadone, and it frustrates people, because they are not fixed. Addicts always want to be fixed right away. It takes two weeks for a person to notice that their body is getting under control.

Mr. Douglas inquired as to what county Downers Grove was located in? Mr. Peterson replied that it was in DuPage County.

Susan McGrath, of 1001 Fairlawn Drive, noted that she is not on the Board for the Public Health District or the Board of the proposed methadone clinic. She has no interest in this case other than the people whom she serves through her private law practice. She has been concerned about what the proper thing to do would be. There are a lot of very concerned people who have studied this issue since it first came before the City of Urbana in March. Those people cannot decide how to make the clinic happen. She was at this meeting to advocate the Plan Commission's assistance in doing whatever was necessary to overturn the zoning interpretation that was issued first on May 8, 2002 and to allow the clinic as a matter of right in the zoning districts allowed for hospitals and clinics.

Ms. McGrath noted that the memorandum presented to the Plan Commission at this hearing clearly pointed out that Carle Clinic has a satellite facility in an area that is inconsistent with the Zoning Ordinance. It is relevant to the Plan Commission's consideration of the proposed text amendment to ensure that the Zoning Ordinance does not make an illegal distinction between the types of businesses that are allowed to operate within a particular zoning classification.

Ms. McGrath said that it was very harmful to think that we are talking about a methadone clinic as if it were something that was not regulated by law and operated by medical providers. In the

remarks and questions to the Zoning Administrator have pinpointed the question that is also at the heart of the discussion this evening, which is the following: *Is the City of Urbana in essence trying to tell a medical provider how to operate a medical facility?* She stated that was not what the City of Urbana wants to do.

In this plan case, there is a legitimate question as to whether it would be appropriate to amend the Zoning Ordinance to allow the methadone clinic as a matter of right or to simply insert the definition of “clinic” itself. She believed that either one of these would be beneficial. She encouraged the Plan Commission to not table this case and allow this discussion indefinitely. We do not have such a treatment facility available in Champaign County. The facilities that are even halfway close to us are full and can no longer take new patients. There are some people here in Urbana who are court ordered to undergo treatment in a methadone facility. These people cannot do that, because there is no such facility available. The people who are seeking are doing it by in large of their own volition and in agreement with the court order that says they must do so. Not all of these people will be so committed to treatment that they would travel 300 miles roundtrip six days a week, work and support their families in order to make this happen. She cares about the City of Urbana doing something that is supportable and legally defensible which would allow the clinic to operate.

Ms. McGrath commented that prior to moving here, she lived in Atlanta, Georgia. She lived in an apartment building that was a half a block away from a methadone clinic. For the first month that she lived there, she did not know that it was a methadone clinic. There were all kinds of uses in the area such as a photo shop, a Laundromat, a grocery store, the apartment building, a park was nearby, and the methadone clinic. She does not see how the fears presented are substantiated by actually proof.

Mr. Kangas noted that the Plan Commission could not address the May 8, 2002 memorandum.

Dave Taylor stated that he is director of development for Niemann Foods, Inc., which operates five stores in the Champaign-Urbana area (four County Markets and one Save-A-Lot). Niemann Foods, Inc. is very interested in everything that happens in the City of Urbana. They are very concerned and very opposed to the methadone treatment clinic being opened in downtown Urbana. Although he feels that the clinic is a very needed service, he does not believe that it should be allowed in a retail environment. It will not help any of the downtown businesses. Any time you take away the opportunity or chance in the downtown area and replace it with something of a different nature, then you weaken the retail environment in the downtown area.

Mr. Taylor commented that Niemann Foods, Inc. was already fighting a battle to maintain parking for their customers. The Broadway store director spends a lot of time maintaining and monitoring the parking each day. With the Public Health District wanting to locate a methadone treatment clinic in a building across the street, he foresees a bigger parking problem, because there is not adequate parking for this type of use near that building. Therefore, people will be parking at the County Market and walking across the street.

Mr. Taylor was also concerned about the stigma involved. Will a methadone clinic affect the property values of the businesses around it? As a major employer who contributes a lot of sales

tax dollars and a lot of tax revenue to the City of Urbana and is very happy to be involved, Niemann Foods, Inc. is definitely opposed to this use being located in the downtown area.

Mr. Douglas questioned if Niemann Foods, Inc. had checked or obtained any information about other methadone facilities and the effect they have had? Mr. Taylor replied that the company has not had any other situation like this. This was a new situation for the company.

Jerry Marino, of 907 Fairview, mentioned that he has an engineering practice and business in Urbana. He was concerned about a methadone treatment facility being located in Urbana. If a methadone facility is thought of as a hospital or clinic, then it could be located in a residential, business, or office park area without special consideration. As a business owner along with other public citizens, he has resistance with such a precedent set. It would open the door to other similar psychiatric type facilities for relocation in these areas. This would not be good for business owners located near them, and it would prevent businesses from locating close to the center. However, the main point is that the City would have a place, where drugs would be distributed to addicts who come in and out to get their fix. He was not convinced that this would not decrease the value of neighboring real estate.

Mr. Marino pointed out that methadone has been around for a quarter of a century, and it still has not made a positive impact on the drug problem. He thought it was a bad idea then, and still believes that it is a bad idea now.

Andrew Kwon, a resident of Urbana, expressed his own views on placing a methadone clinic in downtown Urbana and read a letter written by Peter Havranek, owner of Magnetic Impact Media, which he passed out to the commissioners. He began by reading the letter. Mr. Kwon noted that last week on the radio station WDWS, there was a talk show with Dr. John Peterson and Kendrick Spiegel being interviewed. When questioned by the DJ about whether Mr. Spiegel felt that taking hardcore drugs was wrong, Mr. Spiegel answered that he would not say that taking drugs was wrong, because that would be reckless. Later in the talk show, the DJ asked Dr. Peterson if he felt that taking heroine was wrong? Dr. Peterson had replied that what people do to finance heroin addiction was wrong and taking it to excess is damaging to the person; however, moderate heroin intake is okay. Mr. Kwon stated that the proposed methadone clinic was being advertised as a way to help addicts. He did not see how a person running such a program could have that kind of attitude.

Mr. Kwon read the handout titled "Methadone fact sheet", which he had also handed out. He read a couple of the personal stories on the fact sheet about methadone withdrawal.

Mr. Kwon agreed with Dr. Peterson's comments about death from methadone treatments occurring within the first two weeks. On a final note, he stated that the Plan Commission and the City Council have every right to ask pertinent questions about a doctor's application of his practice when it comes to issues of this nature.

Mr. Alix inquired if there was no zone in which it would be appropriate for the City of Urbana to allow a methadone treatment facility to operate? Mr. Kwon replied that was the opinion of Peter Havranek and of himself as well. There is no reason why the people in our community could not approach effective drug rehabilitation programs that do not simply get them addicted to another

drug. Eventually, the addiction to methadone would need to be confronted. No doctor that is trying to start a methadone clinic will tell you that methadone is more addictive than heroin. However, if you do your research and talk to methadone addicts, you will find that methadone is more addictive.

Mr. Alix asked Mr. Kwon to speak about this as a land use issue? Mr. Kwon felt that if a methadone clinic is to be allowed, then it should require a special use permit, because this would be a different type of clinic.

Ms. Goscha felt that all the testimony was interesting. There were a few points that the Plan Commission needs to consider, which are as follows:

- 1) *Should they define "methadone treatment facility" as something unique?* There is not a definition for "clinic" in the Zoning Ordinance. The City staff has recognized that as a potential error and problem with the Zoning Ordinance.
- 2) *Whether a clinic is different than a methadone treatment facility. This should not be based on emotion, but on planning principles, which include intensity of use, parking issues, potential crime, and how it would impact a neighboring zone.* Regarding intensity of use, Ms. Goscha believed that a methadone treatment facility was different than what she would consider to be a normal clinic. Regarding potential for crime, Ms. Goscha felt that certainly if increased security and inventory control are required by the federal government for a facility of this type more so than other clinics, then that is a concern. Regarding parking issues, she noted that according to the Zoning Ordinance, parking requirements are based on one parking space for 250 square feet of clinic or hospital.

Therefore, Ms. Goscha felt that the City of Urbana should define "methadone treatment facility" as unique based on the planning principles above and not because of the type of drug necessarily or because of the people who would be going to the facility.

Mr. Hopkins stated that he had noted most of the same things that Ms. Goscha had addressed. He mentioned the significance of the Public Health District needing an address to fill out the applications. He commented that the significance was not so that the state and federal governments had some place to mail the license back to, but precisely because the government bodies are relying on the local Zoning Ordinance to be the mechanism by which land uses related to the application are dealt with.

Mr. Hopkins commented that the City does not now have the luxury of defining "clinic", because it is pertinent to deal with this case and get it done. It makes sense to say the way to get this done is to define "methadone treatment facility" as a separate use and acknowledge that it has different characteristics from other clinics. Since we would have defined it as a separate use, then the City could take it into account in deciding where it ought to be permitted and whether by special or permitted use.

Mr. Hopkins said as a starting point, the current list of where a clinic is permitted, which does not fit the characteristics of a methadone treatment facility are as such: 1) residential categories

and 2) agriculture (AG). He questioned if the parking requirements are by use type and not by zoning type? Ms. Tyler answered that parking requirements are by use; however, the requirements are not completely consistent with the Table of Uses. Mr. Hopkins suggested that the City of Urbana define the parking requirements for a methadone clinic.

Mr. Hopkins asked, "How do we move through this situation on the premise that the City has two objectives?" His reaction would be to set more limited zoned classes of what we like all clinics similar to methadone treatment facility to have regarding floor space, parking space, etc. Since we do not have the time to do that now, the only choice is to amend the proposal by changing the category in which a methadone treatment facility would be permitted.

Mr. Alix was unsatisfied looking at the notion of a methadone clinic as opposed to some other type of clinic or similar facility as a land use issue. The City of Urbana has been extremely liberal in the past in interpreting the use categories. His argument was that by any reasonable standard that what was being proposed could be expected to fall into the definition of what the City considers a clinic, if in fact we had a definition. If you look at the Zoning Ordinance, you would see that clinics and hospitals are lumped together as a unit.

Mr. Alix would not be adverse to differentiating between levels of medical use by land use as long as it would be performance based on traffic counts, numbers of patients served or on something that was not essentially just a sham argument intended such that only methadone treatment facilities would fall into this category. He was not persuaded by the argument that the City should take more time to discover what a clinic is, to define what a clinic should be, or to determine what zones a methadone treatment facility should be permitted in. In his opinion, the City of Urbana has had ample time to address the permissiveness of the clinic classification.

Mr. Alix stated that he was disappointed that the Public Health District had chosen not to participate in this process. A lot of time could have been saved. He felt that the initial zoning interpretation that was issued by the City staff was questionable. On the other hand, he understood the Public Health District's apparent argument, which was that by consenting to the jurisdiction of the Plan Commission or Zoning Board of Appeals, they weaken their case against their argument that essentially a methadone treatment facility is permitted by right, that a methadone treatment facility is a clinic, and that this should never have been heard by the Plan Commission in the first place.

Mr. Alix felt that zoning as a tool is a pretty broad brush. Regulating specific types of medical practices at a clinic or medical facility is well outside the scope of what it would be appropriate for a Zoning Ordinance to do. The best solution would be for the City of Urbana to propose to amend the Zoning Ordinance such that "methadone treatment facility" is included within the category of clinic. If the City of Urbana were going to create a classification, then it would not be appropriate for the City to address methadone treatment facility specifically. We need to somehow categorize this. He was not inclined to support this action, because he felt it was a change to the Zoning Ordinance that would be unnecessary and inappropriate. There are better remedies to the problem.

Mr. Kangas expressed that if the state and federal governments do license methadone treatment facilities differently, then he does not have any problems zoning this differently. He agreed with

Mr. Alix regarding differentiating between the levels of medical uses based upon the performance. He does not have any problem creating a new category for methadone treatment facility as well. It is the Plan Commission's role to decide whether we should have a unique zoning category for methadone treatment facility and how it should fit into the table of permitted uses. He agreed with staff findings in that we need to narrow the categories of permitted zones.

Mr. Alix stated that based on the fact that the Public Health District has declined to participate in the proceedings to date, that he could only assume that the Plan Commission action taken and perhaps the action of the City Council is likely to be moot. It was difficult for him to argue that the petitioner does not have a case. He believed that the Public Health District could make the argument that they reasonably assumed that a methadone treatment clinic was something that would be permitted within the existing Zoning Ordinance under the definition of "clinic". He did not feel that there was a tremendous sense of urgency to fix this problem in the Zoning Ordinance.

Mr. Hopkins stated that either he did not understand or he was missing something. He asked if Mr. Alix was suggesting that because this issue was raised in the first place, that rather than locating by right, the Public Health District would continue to litigate the distinction between methadone clinic and clinic? Mr. Alix stated that he was arguing the opposite. He was arguing that if the Plan Commission was to vote against this proposal and if the City Council declined to amend the Zoning Ordinance, then what the City would presumably have to stand on in an enforcement action would be the zoning interpretation that said that we do not believe that a methadone treatment facility is a clinic. He did not feel that there was anything wrong with the current ordinance other than the category of "clinic" is very broad and that there are zones in which perhaps higher impact classes of clinic should not be allowed to locate. The situation does not cry out for an immediate remedy. He would rather see the City staff do the research to create a definition of a higher intensity clinic and determine what zones that would appropriately be in.

Mr. Hopkins moved that the Plan Commission recommend approval of the slightly revised definition of methadone treatment facility and that we modify the zones in which a methadone treatment facility is permitted to exclude AG, R-5, and R-6 from the current version, make it permitted by right in B-3, B-4, and MIC, and make it a special use in B-3U, B-4E, and OP. Ms. Goscha seconded the motion.

Ms. Goscha stated that Mr. Alix's comments are valid. The idea of defining a methadone treatment center explicitly could be a problem. Of course, we explicitly define certain businesses. What is it that makes one business different than another, except its wares? What makes a methadone treatment facility different than another clinic, other than its treatment?

Ms. Goscha inquired as to what the parking requirements were in B-3 and B-4? Ms. Tyler noted that B-4, Central Business, does not have any parking requirements. Other than that, parking requirements go by use. Ms. Goscha asked with this particular use, how would the City determine how many parking spaces would be required? Ms. Tyler stated that in any other zones other than B-4, there would be a parking requirement of one space per 250 square feet. Ms. Goscha commented that it seemed problematic to her that there were no parking requirements for B-4 zones.

Mr. Alix agreed that he also has a problem with a relatively high impact use in some of the zones that have been proposed or in a use that presumably has parking requirements along the lines of this facility without any additional stipulations. He could not support a zoning classification on the basis of a specific type of medical practice. If the City was going to have this category, then it should be based on something more than what type of pharmaceuticals are dispensed.

Mr. Hopkins withdrew his motion. Ms. Goscha agreed.

Mr. Hopkins made a motion that the Plan Commission recommend to deny this plan case. Mr. Alix seconded the motion.

Mr. Hopkins felt that the Plan Commission was going nowhere by discussion. He felt that the Plan Commission should complete this hearing, and then the case goes back before the City Council. The roll call was as follows:

Mr. Douglas	-	Yes	Ms. Goscha	-	Yes
Mr. Hopkins	-	Yes	Mr. Kangas	-	No
Mr. Alix	-	Yes			

The motion was passed.

Plan Case #1837-M-02: Request by the Cunningham Children’s Home to rezone a ten acre parcel of property located on the south side of Country Club Road 330 feet West of Willow Road with an address of 1303 North Cunningham Avenue from R-3, Single and Two-Family Residential to R-4, Medium Density Multiple-Family Residential.

Plan Case #1838-SU-02: Request by the Cunningham Children’s Home for a Special Use Permit to expand the existing facility onto a ten acre parcel of property on the south side of Country Club Road 330 feet west of Cunningham Avenue with an address of 1303 North Cunningham Avenue.

Ms. Goscha noted that she would be abstaining from these plan cases due to possible conflict of interest.

Rob Kowalski, Planning Manager, presented the staff report on these two cases together. He introduced the cases with background information and included a description of the site and the surrounding properties. He reviewed the services that the Cunningham Children’s Home (CCH) offers, described the existing facilities, and explained the phasing plan of the proposed master plan. Mr. Kowalski discussed access, infrastructure, and utilities and drainage for the proposed property. He discussed the requirements for rezoning according to the LaSalle National Bank Criteria and the requirements for a special use permit. He summarized the staff findings and read the options of the Plan Commission for each case. He presented the staff recommendation for each case as well.

Mr. Douglas inquired as to whether there had been any neighboring concerns about the expanding of the correctional facility and its impact on the surrounding properties? Mr.

Kowalski replied that staff had not received any communications from anyone in the area on the plan cases.

Mr. Alix asked if staff had an opinion in regards to the stub streets that end on Greenview Drive and Thompson Street? Mr. Kowalski responded that the stub streets have not been a big concern for staff, because they are not needed for a major east-west connection. If this property should be redeveloped as residential, then staff would want to see those streets continued.

Mr. Douglas questioned Bill Gray, Director of Public Works, if there were any plans to make any corrections or repairs on Country Club Road? Mr. Gray replied that the City of Urbana has various chip and seal collector streets in the community. As time and money allow, the City has upgraded such streets. This particular development would not be a catalyst to cause Country Club Road to be upgraded. It does need attention, but it would be a separate timeline or agenda.

Dan Holmer, Vice-President of Finance and Operations at the Cunningham Children's Home, stated that the current facilities are inadequate for providing the types of services that they need to be able to provide for the children that they serve.

Most of the children that live at CCH on a residential basis attend one of the on-ground schools. There are two schools at CCH. The other school serves children who live in the Champaign, Urbana, Mahomet, and rural Champaign County areas. These children are considered to be their day students. These two schools are kept separate.

The schools are older facilities. The recreation facility is inadequate for the types of services that they would like to provide, such as teaching the children how to swim in the summer time.

Expansion of the Department of Corrections is not currently part of the plan to expand the facility. CCH shares the facility with the Department of Corrections (DOC) staff, and they would eventually like to remove their staff from that facility altogether.

Mr. Holmer mentioned that it would take some time to accomplish this project. They do not have all of the funding in place for all the phases. Hopefully, it would be completed within the next ten to fifteen years.

Mr. Alix inquired as to whether CCH owns the building and leases it to the Department of Corrections? Mr. Holmer replied that was correct. Mr. Alix asked what the long-term future was foreseen? Was the Department of Corrections expected to be there for a while? Mr. Holmer answered that this Department of Corrections facility was slated for closure with Governor George Ryan's proposed budget for September 30, 2002. The Cunningham Children's Home uses some of the revenue from leasing that facility to help support the programs. The closure of the Department of Corrections would force CCH to go back and re-look at the plans for that tract.

Mr. Alix inquired as to if the Department of Corrections were to close this facility and relocate, then would the existing building fit into the Cunningham Children's Home's operations or presume to redevelop that part of the site at some point? Mr. Holmer explained that the existing building is approximately seventy-five years old and in need of some extensive research and

potentially some extensive remodeling. A cost analysis of that building would have to be performed before they would know whether or not it could be used for any of their programs. Mr. Alix questioned if that site were available would that result in a significant rework of their master plan? Mr. Holmer replied that it would potentially result in rework of their master plan.

Mr. Alix inquired as to who owns the Cunningham Children's Home and who funds it? Mr. Holmer responded that the Cunningham Children's Home, Inc. is owned and operated by a group of United Methodist women and has been for the past 100 years. The Board of Directors is primarily made up of these women, who govern the agency as a non-for-profit corporation. Their funding primarily comes from the Department of Children and Family Services (DCFS) and the Department of Human Services (the old Department of Mental Health).

Mr. Alix asked if CCH pays property tax? Mr. Holmer replied no. Mr. Alix inquired as to how many people are employed by CCH? Mr. Holmer responded that there were approximately 200 employees. Mr. Alix asked what impact this expansion would have on the size of their staff? Mr. Holmer answered that the expansion would potentially add another 50-60 staff if those buildings occupied additional children and the day school was expanded as well. The primary expansion would be in their day school. There is a waiting list for this type of service. The entire expansion would allow CCH to specialize in some population children who are developmentally disabled and to house programs that are off-campus.

Mr. Douglas asked if the aging buildings would be remodeled or will they be torn down for something else? Mr. Holmer answered that the two buildings that would be slated for removal would be the "Rachel Anne Cottage", which use to house the caretaker who took care of the grounds. The other building that would be torn down would be the "Illinois Building", which is in the location where CCH would like to place the chapel.

Mr. Kangas inquired as to what the timing would be for the expansion of CCH if approved? Mr. Holmer responded that CCH planned that it would take anywhere from ten to fifteen years to complete all seven phases with the first phase beginning next spring. There would be a two year period of time before the first phase would be completed, which would include the chapel, the twenty-four bed residential facility, and the school.

Mr. Douglas commented that with the expansion and agencies closing and the State of Illinois leading away with adoptions, it seemed contradictory to expand the facility. Mr. Holmer replied that it is getting smaller. One of the things that CCH has realized is that their strength in their programs primarily is the school programs as well as the residential. CCH needs new buildings to do some of the same kinds of things that they have already been doing. Many of the existing buildings were built in the early 1950s. Upgrading those buildings would potentially be much more costly than building new facilities.

Cloydia Hill Larimore, Vice President for Resource Development and Public Relations at CCH, reviewed the programs that are offered at CCH and the relation with their stewards, United Methodist Women of the Illinois Great Rivers Conference. One hundred and seven years ago, Joseph and Mary Cunningham gave the property to the women of the Methodist Church. CCH is supported by churches from Interstate 80 south to Cairo. The Board of Directors is made up of 32 members.

Ms. Larimore mentioned that their main campus residential program currently has a capacity for 39 residents located in four cottages. These residents would attend the Gerber School, which is the residential school. In addition, there are two group homes in the community for kids between the ages of 16 to 18. The first group home, located in Urbana, houses 8 boys, and the second group home, located in Champaign, houses 8 girls. These kids attend the Gerber School as well. The day school currently has 63 students. CCH plans to expand this school to 75 students.

Ms. Larimore noted that CCH wants to build the new residential treatment facility would be built first, because there are residents who are currently living in the cottages that were built in the 1940s to 1950s. The needs of the children have changed since then.

Ms. Larimore talked about some of the programs that are off campus, such as the Supervised Independent Living Program, Transitional Living Program, Pregnant and Parenting Teen Program, and Foster Care Program.

Mr. Alix inquired as to what the average length of stay was? Ms. Larimore stated that was interesting as well. Twelve years ago when she began working for CCH, they raised children. The State of Illinois is now encouraging the facility to really be a treatment facility, so the average stay is about 18 months to 2 years. There may still be some children that CCH follows to their maturity.

Paul Roberts, of 307 East Country Club Road, is the immediate neighbor to the proposed ten-acre parcel. His four specific concerns were as follows:

1. *Property Values.* He stated that it was interesting that it was undefined as to the impact of this expansion on surrounding properties.
2. *Country Club Road & Traffic is a problem.* Country Club Road is in a pretty poor state of repair. He has problems backing out of his driveway because of the amount of and speed of the traffic typically going eastbound. He has trouble with people using his driveway to turn around.
3. *The proposed cafeteria close to his property.* He can foresee trash being picked up at 5:00 a.m. and dumpsters being clanged. The smells from the cafeteria might inconvenience the surrounding neighbors as well.
4. *Storm water flow* is one of his gravest concerns. Currently the storm water does not flow to the drainage ditch. He urged that storm water management plans be reviewed. The gravel at the end of his driveway continual washes away.

Mr. Alix asked Mr. Roberts if he had any suggestions regarding the traffic on Country Club Road? Speed limits signs, stop signs, etc.? Mr. Roberts replied that the speed limit is already posted. The problem is with getting people to abide by the law. There is a real problem with people who are driving westbound in the evening with the sun in their eyes. He does not know if there would be a solution for that. The shoulders are a problem. The bicyclists, the pedestrians, and the joggers are in great peril. Sidewalks need to be addressed.

Riley Glerum, of Isaksen-Glerum Architects, noted that they are part of the planning team that is assisting Cunningham Children's Home in this master planning effort and subsequent more

detailed development. First, he talked about the storm water management. The detention basin at the northwest corner is being designed as a dry basin; therefore, there will not be a problem of having a swamp area. The civil engineering component of the project team is currently engaged in a storm water management plan with the City of Urbana. This will be a component in solving the storm water flow in the entire area. Some of the runoff of this vacant property is contributing to downstream problems. Because it is not managed now, it is allowed to flow into the existing drainage ditches. They will be doing something about that so that this runoff will flow downstream to the Saline Ditch in an appropriate amount and time frame. They will be solving not only the storm water management on CCH's property, but yet helping immediate adjacent property owners as well.

Mr. Alix questioned where the storm water would discharge from that basin? Mr. Isaksen answered that he believed it would discharge through a pike to the drainage ditch on the north side of Country Club Road in a measured fashion. Mr. Alix asked if it would drain under the road and to the west? Mr. Gray replied that was basically correct. The area of Country Club Road on the north, Kerr Avenue on the south, Broadway Avenue on the west, and a portion of the proposed property on the east is being studied. The City has plans to be out on the street to address the south half of this area he described from along Division Street and Oakland. There will be a future phase of improvement. There will be Champaign County participation and Township involvement to try to address the balance of the area to the north. There is poor drainage in the areas. It is the City's intention with the other agencies to come up with a plan to deal with this whole area. These improvements would be done ahead of the majority of the proposed expansion.

Mr. Riley addressed the concerns regarding the cafeteria. There are significant setbacks designed along the west property line to alleviate any conflict with the residents along there. Most of the residents have backyards fronting on to that property line, so that in combination with their 70 foot setback to the residential buildings and 140 – 150 foot setback off that property line to the cafeteria, they would hope that any noise or visual pollution that might be caused would be mitigated by the placement of the buildings and the proposed landscaping. In addition, quality of life issues will also be addressed. The building design, for example – any dumpsters or service component affiliated with the cafeteria, would be screened either through natural landscaping or fencing.

Mr. Alix inquired what was proposed for the west property line between the parking lot and the edge of the parcel? How much space is there and how would that be screened? Mr. Isaksen commented that there would be about fifteen to twenty feet, and it would be heavily landscaped green space.

Mr. Alix questioned if any part of the property was currently fenced? Mr. Holmer noted that there was a tree line/hedge row for the most part along the west boundary line. However, there are some neighbors whose yards are open and blend in with the CCH property with no barrier landscaping. Mr. Alix asked if there was an existing landscaping that CCH would be able to retain? Mr. Holmer replied that it is just a field with some different elevations. Mr. Alix noted that there were some mature trees along the west edge. Mr. Isaksen stated that CCH would salvage any existing landscaping that was still good and in a position to be salvaged. Mr.

Kowalski added that the City of Urbana requires screening between the proposed parking lot and any residential zone.

Mr. Isaksen commented that they would try to preserve some of the characteristic aspects that already exist. Mr. Holmer added that CCH would continue to try to be good neighbors. Cunningham Children’s Home has always had an open door policy with their neighbors.

Mr. Douglas moved that the Plan Commission recommend approval of Plan Case #1837-M-02 to the Urbana City Council. Mr. Alix seconded the motion. The roll call was as follows:

Ms. Goscha	-	Abstain	Mr. Hopkins	-	Yes
Mr. Kangas	-	Yes	Mr. Alix	-	Yes
Mr. Douglas	-	Yes			

The motion was approved.

Mr. Douglas moved that the Plan Commission recommend approval of Plan Case #1838-SU-02 with the recommended conditions to the Urbana City Council. Mr. Alix seconded the motion. The roll call was as follows:

Mr. Hopkins	-	Yes	Mr. Kangas	-	Yes
Mr. Alix	-	Yes	Mr. Douglas	-	Yes
Ms. Goscha	-	Abstain			

The motion was approved.

7. OLD BUSINESS

There was none.

8. NEW BUSINESS

Plan Case #1836-S-02: Preliminary Plat of Somerset Subdivision No. 4 and General Area Plan for Future Somerset Development.

Tim Ross, Senior Planner, gave the staff report for this case. He introduced the case to the Plan Commission by briefly talking about the background of the proposed area. He discussed the land use, zoning and comprehensive plan designations of the subject site and of the surrounding areas. He discussed access, drainage, and utilities for the proposed site as well. He made reference to the updated preliminary plat, which was handed out prior to the meeting. Mr. Ross summarized staff findings and read the options of the Plan Commission. He gave the staff recommendation, which was as follows:

Staff recommended that the Plan Commission approve the Preliminary Plats of Somerset Subdivision No. 4 with General Area Plan for Future Somerset Development.

Mr. Alix asked why the general area plan was required when Somerset Subdivision No. 4 was pretty small? Mr. Ross replied that was because the proposed subdivision is within an area greater than five acres under common ownership.

Mr. Alix inquired as to how large this area would have to be before park district dedication and school district dedication became an issue? Ms. Tyler responded that neither of those two are required. City staff sent the general area plan to both agencies; however, this plan is advisory, so the petitioner would not be compelled to follow it in terms of precise site layout. These issues are something to be addressed in the future when the Somerset Subdivisions become annexed into the City of Urbana. Mr. Alix understands that there are no specific City requirements for dedication of green space, park district space, etc. He asked what the process was by which those are addressed? Ms. Tyler replied that according to the Urbana Park District, currently the City's acres of parks relative to population are a great ratio, and well beyond those of the City of Champaign. Mr. Alix stated that this was perhaps the largest area plan that the City has seen in the area north of Interstate 74, and it would be disappointing to not take that into consideration. This is an area that has developed in small subdivisions over the years. He would be disappointed to see the City not taking initiative to work with the developer to try to make sure that the City has thought about the issues here. He stated that at some point, this area will need some public services such as parks, elementary school, etc. Ms. Tyler agreed and noted that with the Comprehensive Plan Update, this area would take the most work, because there are service deficiencies. The City staff felt that it would be a good idea to get the general area plan done for roadway connections and drainage.

Ms. Goscha asked if the updated plat dated September 4, 2002 complies with Mr. Gray's concerns? Mr. Gray replied that it addresses all the concerns from previous comments except for minor items like the petitioner's attorney name and address.

Troy Flessner, 2702 Somerset Drive, stated that he and his father, Don Flessner, are the developers of Somerset Subdivisions 1, 2, and 3. The proposed subdivision would be phase four of their subdivision. The houses would probably be a lot like the houses in the first three phases. He noted that it would probably take eight years to fill up all thirty-four lots of the subdivision. They will begin start on the main sewer in the spring of 2003. During the summer, they would begin pouring the streets for all thirty-four lots. He added that if they build a Phase 5 after this one, then Somerset Subdivisions 1, 2, 3, and 4 would be annexed into the City of Urbana.

Mr. Hopkins inquired if Don and Troy Flessner were the owners of the parcel southwest of the proposed property? Mr. Flessner stated that Don Flessner was the owner. Mr. Hopkins commented that would be the parcel in which a north-south connector between Airport Road and Brownfield Woods would occur in part. He commented that a major reason for doing the general area plan is to note where that right-of-way would be. Ms. Tyler stated that this general area plan would help the City when staff updates the roadway plan map.

Mr. Alix asked if a north-south street could be drawn on the general area plan to Brownfield Road? Mr. Ross replied that the intent would be that through this existing layout, a connection would be made down to the subdivision to the south on Barnes Street. Through future developments, it would be possible to connect into the next subdivision or down into the Colonies.

Mr. Alix and Mr. Hopkins suggested that the City of Urbana staff come up with a general area plan for the northeast area. Ms. Tyler replied that the Comprehensive Plan Steering Committee could work on this during the update of the Comprehensive Plan.

Mr. Alix questioned if a general area plan had any enforcement in law? Ms. Tyler answered that this was a first stage in the subdivision process for large holdings. The preliminary plat should be consistent with the general area plan, just as the final plat should be consistent with the preliminary plat. Mr. Gray commented that the City has begun to look at the Perkins Road area. He noted that the north-south connection is not an easy one because of the existing development that has occurred along with the diagonal Brownfield Road street. The general area plan incorporates the proposed 100 acres and the far west north-south street. It would connect to the additional holdings of the Flessners to the southwest, which eventually connects to Brownfield Road. Mr. Kangas suggested having a study session when those plans are further developed.

Mr. Hopkins moved that the Plan Commission approve this case with the condition. Mr. Alix seconded the motion. The roll call was as follows:

Mr. Kangas	-	Yes	Mr. Alix	-	Yes
Mr. Douglas	-	Yes	Ms. Goscha	-	Yes
Mr. Hopkins	-	Yes			

The motion was passed by unanimous vote.

9. AUDIENCE PARTICIPATION

There was none.

10. STAFF REPORT

Mr. Gray reported on the following:

- ✓ **Smith Road Construction:** Construction would occur when the Atkins Group decides to Final Plat that phase of the Stone Creek Subdivision.

Mr. Kowalski reported on the following:

- ✓ **Plan Case #1834-M-02 (East Lawn Burial Park Association):** This case was approved by the Urbana City Council on August 19, 2002.
- ✓ **Plan Case #1833-M-02 (Family Video Movie Club, Inc.):** This case was approved by the Urbana City Council on August 19, 2002 as well.
- ✓ **Next scheduled meeting** will be held on September 19, 2002. There is already one subdivision case that will be presented at that time.
- ✓ **Focus Group Meetings** have been scheduled for the Comprehensive Plan. Staff will give an update on how the meetings are progressing and on the results.

11. STUDY SESSION

There was none.

12. ADJOURNMENT OF MEETING

Chair Pollock adjourned the meeting at 11:06 p.m.

Respectfully submitted,

Rob Kowalski, Secretary
Urbana Plan Commission