



RECORD OF DISCUSSION

Planning & Zoning Commission

Thursday, March 18, 2021 | 6:30 pm

The Planning and Zoning Commission took the following action at this meeting:

**1. Specialty Hospitals
21-009ADMC**

Administrative Request - Code Amendment

Proposal: Review of amended proposed language based on the direction provided at the February 18, 2021, meeting for the addition of provisions to the Zoning Code for Specialty Hospitals under the provisions of Zoning Code Sections 153.232 and 153.234.

Request: Review and recommendation to City Council for a Code Amendment to establish requirements for Specialty Hospitals.

Applicant: Dana L. McDaniel, City Manager, City of Dublin

Planning Contact: Tammy Noble, Senior Planner

Contact Information: 614.410.4649, tnoble@dublin.oh.us

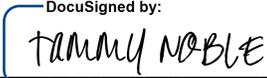
Case Information: www.dublinohiousa.gov/pzc/21-009

RESULT: The Commission requested that staff modify the definition based on their comments and compile potential use-specific standards based on the operational needs of previous applications for uses that would be considered Specialty Hospitals. The Commission provided examples such as lower parking ratios, private open space, smaller building footprints and the need for separation from residential neighborhoods.

MEMBERS PRESENT:

Jane Fox	Yes
Warren Fishman	Yes
Kristina Kennedy	Absent
Mark Supelak	Yes
Rebecca Call	Yes
Leo Grimes	Absent
Lance Schneier	Yes

STAFF CERTIFICATION

DocuSigned by:

 B62DEF02B6D24C7
 Tammy Noble, Senior Planner





MEETING MINUTES

Planning & Zoning Commission

Thursday, March 18, 2021

CALL TO ORDER

~~Ms. Call, Chair, called the meeting to order at 6:30 p.m. and noted that due to the pandemic, the City of Dublin is currently holding public meetings online and live streaming to YouTube. The meeting live-stream can be accessed at the City's website. Public comments on the cases are welcome. To submit any questions or comments during the meeting, please use the form under the streaming video on the City's website. Questions and comments will be relayed to the Commission by the meeting moderator. Please provide a valid name and address when submitting comments. The City desires to accommodate public participation to the greatest extent possible.~~

PLEDGE OF ALLEGIANCE

~~Ms. Call led the Pledge of Allegiance.~~

ROLL CALL

~~Commission members present: Mark Supelak, Jane Fox, Warren Fishman, Lance Schneier, Rebecca Call
Commission members absent: Kristina Kennedy, Leo Grimes [excused]
Staff members present: Jennifer Rauch, Nichole Martin, Thaddeus Boggs, Tammy Noble~~

ACCEPTANCE OF DOCUMENTS AND APPROVAL OF MINUTES

~~Mr. Fishman moved, Mr. Supelak seconded acceptance of the documents into the record and approval of the minutes of February 18 and March 4, 2021 as submitted.~~

~~Vote: Mr. Supelak, yes; Mr. Schneier, yes; Ms. Call, yes; Mr. Fishman, yes; Ms. Fox, yes.
[Motion approved 5-0]~~

~~Ms. Call stated that the Planning and Zoning Commission is an advisory board to City Council when rezoning and platting of property are under consideration. In such cases, City Council will receive recommendations from the Commission. In other cases, the Commission has the final decision-making responsibility. Anyone who intends to address the Commission on administrative cases must be sworn in.~~

~~Ms. Call noted that no cases were eligible for the Consent Agenda this evening.~~

~~Mr. Boggs noted that because there were no cases on the agenda that were quasi-judicial, there was no need to swear in witnesses.~~

CASES

1. Specialty Hospitals, 21-009ADMC, Administrative Request - Code Amendment

A request for a review of draft language, based on the Commission's direction at its February 18, 2021 meeting for the addition of provisions to the Zoning Code for Specialty Hospitals.

Staff Presentation

Ms. Noble stated this is a proposal for a Code amendment to include Specialty Hospitals. Recently, the Commission requested staff create a new use classification in the City's Zoning Code for Specialty Hospitals. This request was based on a growing trend within the medical industry for uses specializing in specific medical needs to meet the increasing needs of communities for specialized care. The goal is to identify a definition for a zoning classification for a use between the medical office and hospital zoning classifications, which already exist in the City's Zoning Code. Currently, the City's Zoning Code categorizes all of these uses uniformly under a "Hospital" use, a general land use zoning classification that covers a range of general medical needs. Hospitals are a Permitted Use within the Suburban Office District and several of the Bridge Street zoning districts [zoning map shown]. Suburban Office Districts typically are located adjacent to major arterials.

Draft language for Specialty Hospitals was considered at an Informal Review discussion at the February 18, 2021 Planning and Zoning Commission (PZC) meeting. The discussion identified open space and security needs and licensing requirements. Commission consensus was that the definition should not require 7 days of in-patient care. The Commission also requested staff to look at the current uses, identify the needs of the uses, and use those types of needs to draft the definition. Staff looked at previous cases reviewed by the Commission and other proposals that had not progressed to the Commission. They used that information to create the following revised definition:

SPECIALTY HOSPITALS. A care facility focused on one or more concentrated areas of medical care and includes overnight care of patients. The use includes a restricted range of services that diagnose, care and treat patients with physical or mental illnesses or disorders, or recovery from elective procedures or treatments, and includes intensive residential treatment programs, inpatient physical or occupational rehabilitation programs, substance abuse programs, or addiction programs.

In terms of process, it has been identified as a Conditional Use within the Suburban Office District with the following Use Specific Standards:

- (a) The facility shall be located on a site that is a minimum of three acres in size.
- (b) The facility shall be limited to 9,500 square feet per acre in size, unless otherwise approved by the Planning and Zoning Commission.
- (c) The facility shall be located a minimum of 500 feet from any residential district or use.
- (d) Outdoor recreation areas shall be located to the side or rear of the principal structure and shall be enclosed with a fence. Fences are permitted to be up to six feet in height and be 100% opaque.
- (e) Meets lighting standards of the City of Dublin Zoning Code to minimize light trespass.
- (f) The facility shall meet the minimum parking requirements of the City of Dublin Zoning Code, unless otherwise approved by the Planning and Zoning Commission.

Commission input is requested regarding:

- 1) Licensing requirements. Is it the Commission's intent that this element be part of the definition?
- 2) The proposed definition includes a density maximum density per acre; should there be a maximum per property (example: 50,000 square feet) to prevent overly large buildings.
- 3) Currently, the proposed language limits Specialty Hospitals to the Suburban Office District, but should it also be permitted in the Bridge Street District, in which hospitals currently are permitted?
- 4) Additionally, would the Commission support the requirement of a Conditional Use within a third district?

Commission Discussion

Ms. Fox inquired the difference in resident care between specialty hospitals, hospitals, and ambulatory care facilities. Would the OSU ambulatory care facility fall under the Specialty Hospital definition?

Ms. Noble stated that one significant difference in the definitions for those different facilities is their size. The proposed definition includes a 9,500 square foot/acre definition. Licensing, overnight stays, and admittance requirements are also key distinctions.

Ms. Fox stated that the City has numerous rehabilitation hospitals, which could fit the Specialty Hospital definition, although they may not meet the three acres or patient stay requirements. There are 24-hour urgent care facilities that offer overnight observation. She believes there is a need for more distinction regarding intensity, hours of operation and number of patients.

Ms. Call suggested that the Commission comment on the proposed definition, point-by-point.

- *"The use includes a restricted range of services"*

Ms. Call stated that she likes the above distinction.

- *"diagnose, care and treat patients with physical or mental illnesses or disorders."*

Ms. Call stated that this part of the description could limit the permitted zoning district.

Mr. Schneier inquired if the intent was that a Specialty Hospital should perform all three functions. For instance, a rehab hospital does not diagnose, so it would not meet this definition. Perhaps the description should use "or" rather than "and".

Ms. Call responded that she would prefer "and/or."

- *"includes intensive residential treatment programs, inpatient physical or occupational rehabilitation programs, substance abuse programs, or addiction programs."*

Ms. Call inquired if this should include Alzheimer's care, and if so are the Use Specific Standards correct.

Ms. Fox stated that each of the different care facilities require different site considerations, i.e. fencing versus perimeter security. The definition should differentiate between a rehabilitation facility that handles elective surgeries versus long-term care facilities, such as Heartland, Dublin Rehabilitation Hospital and Dublin Springs, which are different types of care facilities requiring a different type of land use planning. She does not believe the proposed definition addresses this adequately.

Mr. Schneier stated that the current language requires a fence for any outdoor recreation area. He has some concerns about the fence element, including height and opacity. Does the Commission have the authority to require certain kinds of security, as appropriate? If that is a level of discretion the Commission wants, should it be codified?

Mr. Boggs stated that in addition to these specific development standards for this Conditional Use, there would be the general conditions.

Discussion continued regarding required enclosures versus permitted enclosures.

Mr. Boggs stated that it would be appropriate to require an enclosure or an alternative security plan for an outdoor recreation area. He would discourage prescribing fences for some types of care and not others without statistical backing for doing so. For example, outdoor spaces for memory care patients should have some type of security. Any requirements for different types of care should be based on data-driven study. That is the reason the language was drafted to permit an applicant to propose the type of fencing they believe they needed.

Ms. Call inquired if (d) meets the intent.

Mr. Boggs responded that, as written, (d) requires a fence if there is an outdoor area, and it would be up to the applicant to determine the nature of that fence. He is comfortable with that language. However, there are some types of care, such as physical rehabilitation, that would want to connect to an adjacent trail system. Perhaps a gate in the fence could be provided, or they could request a variance from the fencing requirement. It may be possible to revise the language somewhat; however, his concern is treating different users differently without data-driven evidence.

Ms. Call inquired if in (d), the proposed language, "Fences are permitted to be up to six feet in height and be 100% opaque" reads correctly.

Mr. Boggs suggested that the word "may" be inserted to read, "may be 100% opaque."

Mr. Schneier stated that he agrees with the addition of "may" for clarity. The Board does not want to use the Code to discriminate in regards to security, without evidence. The applicant should know the needs of their particular use. He would prefer to eliminate the second sentence in (d).

Ms. Fox stated that unfortunately, that would require fences for rehabilitation hospitals. For comparison purposes, she read language from a similar set of standards used by another entity: "a perimeter security plan is required and shall address at a minimum vehicular and pedestrian access to/from the site, parking areas and lighting." That language provides flexibility to determine the needs of a particular Specialty Hospital. The key term is perimeter security. It could also include language that: "the diagnosis and treatment of patients with specific categories of medical or psychiatric illnesses or disorders, which include substance abuse, mental/psychiatric disorders," would require a stronger perimeter security plan.

Mr. Supelak expressed a preference for a "perimeter security plan," rather than fence.

Ms. Noble stated that staff's preference was to avoid requiring certain things, but provide latitude for those facilities that might have a security need, such as memory care facilities. It was not intended to be a "shall" but a "may" provision.

Mr. Boggs reiterated the need to avoid treating different types of facilities differently with data-driven evidence. He suggested retaining the fence requirement, but adding an "unless" the applicant demonstrated that type of care did not require a fence. In that case, there would be a record in place for that decision.

[Discussion continued regarding fences and security.]

Mr. Supelak suggested making security a separate category that requires the applicant to provide a security plan with the application that demonstrates security measures appropriate for that use. The fence requirement could be deleted entirely.

Ms. Call referred to the language provided by Ms. Fox and inquired legal opinion regarding separating those facilities that would have security needs that other specialty hospitals would not.

Mr. Boggs responded that he has not seen language that he would be comfortable using that groups certain types of facilities that have a perceived security need separate from other hospitals that may have a similar number of beds, physical footprint, hours of operation, etc. He has not observed this type of distinction made in other Codes in a manner with which he has been satisfied.

Ms. Noble inquired if it could be handled on a case-by-case basis. The language would state only that outdoor recreation areas needed to be located to the side or the rear of the building. The applicant would need to meet the current Code requirement for fences, which is 4 feet. As a Conditional Use, a variance to Code could be requested.

Mr. Boggs stated that he would need to consider that further.

Ms. Call stated that it could be coupled with a requirement that a security plan be presented with the application.

Mr. Boggs stated that it would not be a development standard but an item accompanying a Conditional Use application for the use.

Ms. Fox stated that she would prefer to request a perimeter security plan. In the two or three Codes she reviewed, there was a carve-out for mental illness, substance abuse and addiction rehabilitation hospitals, because those patients require more security. It recognizes the different needs of this segment of the health care community. In comparison, orthopedic or elective surgery would need outdoor exercise areas, and provisions could be made for that. It is not discriminatory, but ensures the safety of the patients is addressed in both the comings and goings. A perimeter security plan is also necessary to prevent outsiders from harming patients.

Ms. Call suggested adding a provision for both an emergency plan and a security plan; the plans would differ for the different types of care.

Mr. Boggs stated that he would prefer that language, as it would request the information, but permit the applicant to provide what is appropriate for their use. It avoids a prescriptive development standard. It would be preferable to have a Conditional Use application that solicits the appropriate security information from the

applicant. The Commission would then approve the Conditional Use based on the review criteria. He would have no objection to the proposed language.

- *The proposed definition includes a density maximum density per acre. Should there be a maximum per property (example: 50,000 square feet) to prevent overly large buildings?*

Commission members were supportive of a maximum density per acre, dependent upon staff's research and recommendation.

- *The proposed language limits Specialty Hospitals to the Suburban Office District, but should they also be permitted in the Bridge Street District, where hospitals currently are permitted?*

Ms. Call requested the map of the available sites within the proposed zoning district be shown. She noted that she would have concerns with the site in the southeast part of the City, due to the adjacent properties.

Ms. Rauch clarified that the site is south of Rings Road.

Ms. Call stated she has no issues with the sites within the Frantz Road corridor.

Mr. Fishman stated that in the coming years, Conditional Use requests for re-use of empty office buildings should be anticipated. It would be difficult to address those requests unless there are restrictions in place.

Mr. Supelak inquired if the 500-foot setback between a Specialty Hospital and residential is sufficient. If the setback is large enough, it would deem some sites unusable.

Ms. Fox stated that the 500-foot setback is frequently used; it is a standard block length. It is also important to ensure the intensity is appropriate adjacent to residential neighborhoods. She believes the size of the building should be limited. Some of the sites on the map might not exceed three acres, so this use may not be possible on some of the Suburban Office District sites.

Ms. Rauch responded that staff could beta test those sites before bringing the map back for the next review.

Ms. Call requested additional information on potential redevelopment of the sites and any potential sites within the Bridge Street District.

Ms. Noble pointed out that the Bridge Street District sites were not part of staff's recommendation.

Mr. Supelak noted that meeting the 500-foot setback requirement would be difficult in that district.

- *Should a licensing requirement be part of the definition?*

Ms. Fox stated that she would recommend including a state or professional licensing requirement. There are some risks with privately owned rehabilitation facilities that have no licensing, and are able to require self-pay reimbursement. It is not advisable for any rehab patient to receive care that has no professional licensing oversight.

Ms. Call stated that her objection is not to licensing itself, but rather to licensed hospitals. Many of these treatment facilities are licensed care/treatment facilities, but they do not meet the definition of a licensed hospital. She has no objection to requiring licensure from perhaps a state professional entity, but she is uncomfortable with a licensed hospital.

Mr. Fishman expressed agreement that it must be a credible, licensing authority. Some types of facilities own their own licensing sources. It would need to be a governmental license, although not, perhaps, a hospital license.

Ms. Call stated that she does not believe the Commission has sufficient information at this time on professional licensures. Perhaps this could be added to the list of items to bring back for future discussion.

Mr. Boggs stated that technically, hospitals are not licensed in the State of Ohio, although they must be registered. There is presently a proposal in the State budget to require hospital licensure. Meanwhile, many specialty accreditations are out there. It may be possible to identify a government-sanctioned licensure or registration, or in the alternative, an accreditation with a nationally-recognized, third party, independent non-profit.

Ms. Call requested staff to conduct research on the appropriate, recommended language, and the reason for it.

Ms. Call inquired if there were further input on the other questions.

Mr. Schneier recommended that for symmetry purposes, the reference to "unless otherwise" be used or removed consistently in subsections (a) through (f), if the intent is to treat them the same.

Ms. Noble responded that with (f) parking, the desire was to identify parameters, but they were unable to do so. She believes the reference could be removed, as a case-by-case review would suffice.

Mr. Boggs stated that staff would require the applicant to demonstrate what was needed or the reason the reason the required ratio was not needed.

Ms. Call inquired if the language could state, "that the facility shall meet the minimum parking requirements of the City Zoning Code."

Mr. Boggs responded that his inclination would be to leave the words, "unless otherwise approved." The assumption is that we begin with the statement that the facility must meet the ratio required for a hospital or demonstrate why they should not do so.

Ms. Call stated that (f) could require a parking plan be provided with the application for review.

Ms. Fox expressed agreement of the proposed revision of (f), and eliminate the use of "unless otherwise approved." In letter (b), which relates to size, a suggestion that there could be other options for consideration should be avoided.

[Commission members were supportive of the recommended revisions.]

The list of requested revisions was reviewed for clarity.

Staff will make the requested revisions for future Commission consideration.

Public Comment

No public comments were received on the case.

2. ~~Garage Conversions, 21-010ADMC, Administrative Request - Code Amendment~~

~~A request for review and recommendation to City Council to amend Zoning Code Section 153.074 to address the conversion of garages into habitable spaces in residential zoning districts.~~

Staff Presentation

~~Ms. Noble stated that City Council directed Planning and the Law Director's office to draft a Zoning Code modification to address proposals for residential structures for conversion of attached garage space into habitable space. Because of these conversions, vehicular storage space was lost. A draft amendment was considered by the Commission at their February 18, 2021 meeting, on which there was significant discussion. The Code modification allowed attached garages to be converted to habitable space if there was an existing garage on site that was comparable in size to the garage being converted, or if a new garage of a comparable size could be constructed on the site. The Commission believed that could be overly restrictive and recommended the Code amendment focus on the impacts of the conversion, including loss of storage space and aesthetic considerations. Legal counsel recommends that in order to address City Council's direction, the proposed amendment be considered further and perhaps be modified in a manner with which the Commission would be comfortable. If this is not possible, staff will work on a revision to the draft.~~

Public Comment

~~No public comments were received on the case.~~

Commission Discussion

~~Mr. Supelak stated that he has no concerns with the proposed Code amendment.~~



RECORD OF DISCUSSION

Planning & Zoning Commission

Thursday, February 18, 2021 | 6:30 pm

The Planning and Zoning Commission took the following action at this meeting:

6. **Specialty Hospitals** **21-009ADMC**

Administrative Request - Code Amendment

Proposal: Introduction to amend the Zoning Code to add provisions for Specialty Hospitals.

Request: Informal review and feedback on the proposed Administrative Request – Code Amendment under the provisions of Zoning Code Section 153.234.

Applicant: Dana L. McDaniel, City Manager, City of Dublin

Planning Contact: Tammy Noble, Senior Planner

Contact Information: 614.410.4649, tnoble@dublin.oh.us

Case Information: www.dublinohiousa.gov/pzc/21-009

RESULT: The Commission discussed the purpose of the proposed Code modifications, including the need to provide areas for specialty care. The Commission reviewed the proposed definition identifying a number of opportunities for clarification. Members also discussed the need for use-specific standards that may be applicable to the unique operations of specialty hospitals. The Commission requested modifications to address items identified as part of the discussion.

MEMBERS PRESENT:

Jane Fox	Absent
Warren Fishman	Yes
Kristina Kennedy	Yes
Mark Supelak	Yes
Rebecca Call	Yes
Leo Grimes	Yes
Lance Schneier	Yes

STAFF CERTIFICATION

Tammy Noble, Senior Planner



Case Presentation

Ms. Martin stated that this was a request for an amendment to Chapter 153.066, which was the development process section of the Bridge Street District Code. The Bridge Street District is a form-based area of the City located within the I-270 corridor, and contains a number of zoning districts. In 2019, the review process procedures were amended, largely in name only. The names of the case types were changed to align with the Planned Unit Development (PUD) case types, which are Concept Plan, Preliminary Development Plan, and Final Development Plan (FDP). In the PUD review process, should there be changes subsequent to the approval of a FDP, there is the opportunity for the applicant to seek consideration of an Amended FDP. This step was not included with the 2019 Code Amendment, which was an oversight of staff. Currently, the Bridge Street District review process requires that an amendment or modification to an existing developed site would be either a Minor Project Review, if very minor, or in most cases require the three-step review process. The latter could be quite onerous if an applicant were making only site or building modifications that exceed the threshold for the Minor Project Review. The proposed amendment will include the addition of the AFDP process as well as modifications to cross-references that have been influenced by the changes. The amendment will also provide a new cross-reference for parking plans, which was also been an error in the 2019 amendment.

Commission Questions/Discussion

The Commission was supportive of the proposed amendment.

Public Comments

No public comments were received on the case.

Ms. Martin clarified that the proposed amendment is an Introduction, so if there are no objections, this item would be scheduled on the Commission's March 4 agenda for consideration.

Ms. Noble indicated that Cases 6, 7 and 8 would be considered together, all of which are also Introductions to gain the Commission's input.

6. Specialty Hospitals, 21-009ADMC, Administrative Request – Code Amendment

An introduction to amend the Zoning Code to add provisions for Specialty Hospitals.

7. Garage Conversions, 21-010ADMC, Administrative Request – Code Amendment

An introduction to amend Zoning Code Section 153.170 to address the conversion of garages into habitable spaces in residential zoning districts.

8. Technology Flex District, Vehicle Repair - Major, 21-011ADMC, Administrative Request – Code Amendment

An introduction to amend Zoning Code Section 153.044 to modify permitted uses related to Motor Vehicle Repair – Major in the Technology Flex District.

Case Presentations

Ms. Noble stated that these three Code modifications are proposed to address issues experienced with the current Code. The first, Specialty Hospitals, currently is not a land use classification within the City. These facilities have been included within the Hospital classification. Recently, there has been concern that they should be defined separately. If so, how should they be defined, what development review process should be followed, and where should they be permitted? The second Code amendment proposed relates to Residential Districts, which are requests to convert residential garages into habitable spaces. This is primarily an administrative process, so usually typically does not require Planning and Zoning Commission review. However, the item has been a source of staff and Council discussions, due to comments and concerns

expressed by the public. The question is if there should be requirements for conversion of garages, due to the possible elimination of storage space and required parking spaces. The third amendment concerns the Technology Flex District, where major car repair has been allowed. This has been a source of issues with surrounding properties as well as for the Economic Development Team. Staff has been asked to analyze the District and see if major car repair should no longer be permitted in the District.

Specialty Hospitals

This type of land use was discussed by the Commission at their October 1, 2020 meeting. This use has been included in the "Hospital" category, which is permitted in the Bridge Street District - Suburban Office and in the Exceptional Use District. The Commission requested staff to identify various specialty hospitals based on their operations; then to identify their operations and evaluate where they should be placed within the Zoning Code. The Law Director's Office suggested looking at, not the care provided, but the operational needs and site design standards. The primary zoning district where the proposed classification would be used would be the Suburban Office District, a general zoning classification that permits medical uses. These sites are sporadically located throughout the City, inside of I-270, in the Metro Center-Blazer Parkway area, and in the southern portions of Shier Rings Road. Most of the sites are developed, so the proposal would be relevant only if they were to be redeveloped. Hospitals are permitted within seven zoning districts in the Bridge Street District. Those districts are the Office and Residential component of the Bridge Street District; the Office District; and various neighborhood districts with the BSD. Within those districts, there are a number of parcels that could be classified for a Hospital use. Staff has conducted research to learn how specialty hospitals are defined by national organizations, the APA, medical associations, as well as other communities within the region. The proposed specialty hospital definition provides the following four distinctions:

- The facility admits patients for medical care that is intended to require a stay of seven or more consecutive days -- long-term stays.
- The facility has a required admission process, as opposed to being open to the general public, and is licensed as a specialty hospital.
- An overview of types of uses that could be facilitated within a specialty hospital.
- Characteristics/amenities often identified with specialty hospitals, including amenities such as outdoor recreational uses; 24-hour care providers; or additional security needs, such as fencing or staff.

It is proposed that specialty hospitals be identified as a Conditional Use primarily within the Suburban Office District and potentially the districts within the Bridge Street District. It is not proposed within the Exceptional Use District, because it is rarely used. As a Conditional Use, there is a need to identify parameters for the potential uses, including the need for outdoor recreational areas to be located at the rear of the buildings, and all lighting and fencing to be required to meet Code.

Ms. Noble stated that she was looking for the Commission's feedback on which of the above-noted districts should permit specialty hospitals and what review process should be required, if not the suggested Conditional Use review process. It could be a Permitted Use with specific requirements for approval.

Commission Question/Discussion

Ms. Kennedy inquired if the seven-day stay was proposed to provide a distinction between short-term and long-term stays.

Ms. Noble responded affirmatively. Most general hospitals have patient stays of 3-5 days, unless it is a chronic condition. For that reason, stays of 7 or more consecutive days were used to identify specialty hospitals.

Ms. Kennedy inquired if the outdoor recreation areas located at the rear of the structure would be designated for resident use only, not for the general public.

Ms. Noble responded that it would be intended as private space. Many medical facilities would not permit interaction with the public in these spaces.

Mr. Supelak stated that he also had concerns about the 7-day distinction. Regular hospitals do have patient stays that exceed 7 days. In what way would regular hospitals be prevented from locating in these districts? As the language is currently proposed, there is nothing that would preclude a regular hospital from claiming that they are a specialty hospital, and attempting to locate within the Suburban Office District. The seven-day threshold seems high for a specialty hospital. As was previously considered, and as he would view it, any of the facilities that provided over-night care would qualify as a specialty hospital. Some examples mentioned previously were rehabilitation centers that might provide overnight care, whether physical rehabilitation or perhaps chemical addiction rehabilitation. He is having some difficulty with the proposed threshold of 7 or more consecutive days.

Ms. Call noted that the request for a specialty hospital definition was raised, because the City's current hospital definition requires parking or outdoor spaces not needed by special care type of facilities. She inquired about the different requirements for a hospital and a specialty hospital, which could, for example, be a cancer care facility. The goal is to have a different classification for the types of use that have lower parking requirements and additional open space that is secluded from the public open space due to the nature of the use.

Ms. Noble responded that the distinction may be based more on the services a general hospital would not provide versus those that a specialty hospital would provide. Specialty hospitals require smaller locations. Their stay requirement could be very flexible, as it could be either out-patient or in-patient care. It would not necessarily need to require 7 days of overnight stay. However, because some of the patients are staying for a lengthy period of time, they would need outdoor recreational space or individual rooms. These types of facilities are licensed differently, and navigate differently than general hospitals, which consistently experience a higher level of traffic from the general public.

Mr. Schneier noted that this definition defines a specialty hospital as providing specialized medical care, a repetition of its title. It also states that it is licensed as a hospital specializing in a specific type of treatment. Perhaps the definition could be arrived at differently. If there is a state or national licensing agency that makes a determination if the facility is a specialty hospital, could the characteristics qualifying the facility for that license be used in developing this definition? Elsewhere in our Code, we have adopted national standards in other categories. By incorporating the distinctions already used by the licensing agencies, we could avoid the need for defining it ourselves.

Ms. Noble responded that it has been difficult to develop a definition based on those of other organizations and communities. Additionally, the City has an Industrial Zoning classification that more specifically defines the City's land uses. She has reviewed those classifications and attempted to identify characteristics that were indicative of more specialized care.

Mr. Schneier stated that he was referring to the language in the proposed definition that states the facility is licensed as a hospital specializing in a specific type of treatment. Is there some state or national licensing process that identifies hospitals specializing in particular areas?

Ms. Noble responded that there is a licensing requirement for specialty hospitals.

Mr. Boggs explained that he believes he is inquiring if there is an Ohio hospital administration that is giving the facilities a particular definition as specialty hospitals. In their review of hospital licensure in the Ohio Revised Code, many of these specialties are governed by different boards and under different titles of the Code. That was the reason for a more general definition. A hospital specializing in psychiatric care would be licensed under one section of the Ohio Revised Code, whereas occupational rehabilitation would be licensed under another section. There is no central governing body that controls it.

Mr. Schneier stated that it would appear to fall on the applicant to provide verifications that they are licensed for a specialty use by a specific medical association – would we want to make that a requirement? He is concerned that the Commission would become the arbiters of whether or not the facility was indeed a specialty hospital. That situation would be difficult to administer in a fair and equitable manner, ensuring due process to an applicant.

Ms. Call noted that, initially, she had listed possible use types, such as memory treatment, elder care, occupational or long-term rehabilitation, substance abuse and mental health treatment. For those uses, consideration could be given to their parking, open space, access needs, facility size, adjacency to neighborhood zoning, and setback requirements. The attempt is to identify those facilities that would not have the same requirements as a hospital, which typically have larger footprints, are located in gateway areas, and have different adjacency needs. There may be a need to restrict specialty hospitals to certain areas. She inquired if there were other uses that she did not provide in her list, or uses that were already covered elsewhere in the Code. The goal is a definition that differentiates the types of treatment facilities and the impacts on planning and zoning rules and regulations.

Ms. Noble responded that there might also be facilities with an involuntary enrollment process, which would have security requirements not typically needed.

Mr. Grimes stated that the proposed Code amendment would probably encourage these types of facilities to locate in the appropriate districts in the City, thereby increasing the professional services in our region. Typically, these facilities are licensed by the Ohio Department of Health or other enabling groups, so their licensures probably can be tracked. Many of these facilities receive credentialing through associations, such as state hospital, nursing home or assisted living groups, which could be another source in addition to those who provide licensure and certification. Some hospitals include specialty units within their facilities, such as neonatal units or cancer treatment; however, our focus is on free-standing facilities. The Code modification will provide support for a wider area of health care within our area and attract the professionals needed to staff it.

Mr. Fishman stated that he has attempted to look at it from a different angle – what type of specialty care facilities would not be appropriate in certain places; for instance, a memory care unit or a chemical addiction treatment center would not be located within the Bridge Street District. These facilities provide longer term care, which would require space and generate little traffic.

Mr. Boggs responded that a specialty hospital of any type might not be desirable within the Bridge Street District or similar districts. As background, staff had avoided specifying certain treatments in specialty hospitals, such as memory clinics or drug rehabilitation. All are a form of disability, and to treat one different than another, it would be necessary to have the data to back it up. For that reason, they attempted to arrive at a more inclusive definition. Establishing different use specific standards requires supporting data.

Mr. Supelak stated that the effort to generalize was laudable. Unfortunately, some efforts will need to be invested first before being able to discern how we might generalize the definition. We might need to consider a list of possible facilities and identify their different needs and different relationships to the neighborhood, essentially the different zoning criteria. At that point, perhaps we can discern if different standards would be needed. In his view, it requires looking at the specifics before being able to abstract a more general definition.

Ms. Call responded that, fortunately, we already have a template for doing that; the planning report provided with a case lists the review criteria and indicates if it was met. Perhaps staff could evaluate the potential uses against the criteria, and perhaps engage with previous applicants to obtain more information regarding their parking or open space needs. She inquired if staff has received sufficient input from the Commission to be able to conduct the type of analysis described.

Ms. Noble inquired if the direction is to take a more definitive direction in identifying specific specialty hospitals, identifying their operations and needs. With that information, the Commission would reassess how to incorporate it into a definition.

Ms. Call noted that some facilities do not identify themselves as hospitals, but as a treatment facility. Including a requirement in the definition that the facility is licensed as a specialty hospital might not be appropriate.

Mr. Supelak stated that medical offices are covered by the Code. What distinguishes these facilities is that they provide overnight care.

Ms. Noble responded that she would proceed with the direction provided.



RECORD OF DISCUSSION

Planning & Zoning Commission

Thursday, October 1, 2020 | 6:30 pm

The Planning and Zoning Commission took the following action at this meeting:

4. Specialty Hospitals Code Update Administrative Request – Discussion Only

Proposal: An informal discussion regarding recent trends in medical care facilities and how to best address the uses in the Zoning Code.
Applicant: Dana L. McDaniel, City Manager, City of Dublin
Planning Contact: Jennifer M. Rauch, AICP, Planning Director
Contact Information: 614.410.4690, jrauch@dublin.oh.us

RESULT: Staff provided an overview of how medical care facilities are addressed in the Zoning Code, and how changes in the services provided require additional uses and use specific standards. The Commission was supportive of amending the Code to allow for a wider range of uses that address the specific needs of a particular medical. The Commission requested staff include standards that address the specific site needs and impacts for the various uses in the future amendment.

MEMBERS PRESENT:

Jane Fox	Yes
Warren Fishman	Yes
Kristina Kennedy	Yes
Mark Supelak	Yes
Rebecca Call	Yes
Leo Grimes	Yes
Lance Schneier	Yes

STAFF CERTIFICATION

DocuSigned by:

Jennifer Rauch

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Jennifer M. Rauch, AICP, Planning Director



~~Staff also will obtain feedback from HOAs and the younger demographic of homebuyers regarding housing needs and desires.~~

4. Specialty Hospitals Code Update, Administrative

Ms. Call stated that this is an informal discussion regarding recent trends in medical care facilities and how to best address the uses in the Zoning Code.

Staff Presentation

Ms. Rauch stated that staff is working on a proposed amendment to the City's Zoning Code that will provide clearer requirements for in-patient specialty care facilities. In recent years, the City has received a number of inquiries regarding permitted locations for specialty hospital facilities, such as behavioral health hospitals. Provision of these facilities within the community is important, but they need to be located appropriately. The Commission's feedback is requested regarding any use specific standards that should be included with this potential Code amendment.

Commission Discussion

Mr. Grimes inquired if the primary concern is the number of applications received for specialty care hospitals or their appropriate fit within the City.

Ms. Rauch responded that the concern is not with the number. However, there is the potential for an in-patient facility that is classified as a hospital to be located within close proximity to residential uses. Should there be some site considerations or distance requirements? Specialty care hospitals typically have longer patient stays; they are not the quicker turnover type of hospital, nor a medical office use.

Mr. Grimes responded that if an applicant is able to put together the needed capital to provide this type of resource for the community, it is a good thing, and typically, it is better for them to be readily accessible to the community. Close to home facilities can be accommodated appropriately within the community.

Mr. Fishman stated that he believes this will be a situation of changing uses. Some office buildings and retail space will become vacant and could be converted to small, specialty care medical facilities. We will have to wait until those offers come to the City, but there would already be zoning for the site that would control parking and access.

Ms. Call stated that the definition of hospital is somewhat broad. The parking needs are very different for traditional hospitals and specialty hospitals, such as rehabilitation, mental health or substance abuse facilities. The Commissioners' questions may depend upon the definition of specialty hospital.

Mr. Fishman stated that there is a need for those type of facilities, and space will be available due to opportunity for conversion of uses. However, the needs will be different, so the Code would have to address those needs.

Mr. Supelak stated that specialty care hospitals do not fit within the Code's current definition of a traditional hospital; so the Code definition should be updated to include types and specialties. Different specialties have different behaviors, however, and those behaviors will dictate the standards.

Ms. Fox stated that in the past, neighbors have complained about health care facilities locating in residential areas. There are concerns about the type of specialty behaviors being addressed within their neighborhood. Pompano Beach had shopping centers that were vacant, and health care services began to locate in the available space. Unfortunately, there were no zoning regulations in place. In addition to updating the definition for a hospital, there is a need to define where specialty hospitals or medical facilities may be located, in consideration of their impact on the neighborhood. Some specialty hospitals are open 7 a.m. to 7 p.m., but others are open 24 hours with associated traffic flow. What is the distance that should exist between any type of hospital and the neighborhood?

Ms. Kennedy stated that she agrees with Mr. Supelak's points. She believes one issue may be the length of stays -- are patients staying one day, a week, and do they have visitors. Flow of people should be a consideration. Light-based pollution near residences is also a factor.

Mr. Schneier stated that he concurs with previous comments. Specialty hospital is an intentional euphemism. There are different types and competing interests, which staff will need to address in the Code amendment.

5. BSD Review Process Code Update, Administrative

~~Ms. Call stated that this is an informal discussion regarding the need to add an additional option to the Bridge Street District review processes (Code Section 153.066) to align with other processes and to include provisions to allow for an Amended Final Development Plan.~~

Staff Presentation

~~Ms. Rauch stated that in May 2019, an updated review process for Chapter 153.066 of the Bridge Street District (BSD) zoning code was approved, which was based on nine years of experience administering the code. The objective was to streamline the review process by aligning the application types with the Planned Unit Development district application types. As part of the 2019 amendments, a three-step review process was established for new construction: 1) Concept Plan; 2) Preliminary Development Plan; and 3) Final Development Plan. Additionally, the eligibility and scope of projects that qualify as a Minor Project was narrowed to reflect the name "minor". However, following the adoption of the updated review process regulations, staff recognized a need for addition of an Amended Final Development Plan process, which would allow for the modification of already developed sites and buildings. Under the current standards, a substantial site or building modification to an existing commercial site would require the same level of review as new construction, which is very cumbersome, time consuming and costly for the applicant and staff. In order to streamline the review timeframe and ensure the scope of the review process matches the scope of a proposed project, staff recommends the inclusion of an Amended Final Development Plan (AFDP) optional step in the BSD review process. An example of a project that was considered a Minor Project prior to the effective date of the Code amendments that would now require a three-step development review process is the McDonald's site at 337 W. Bridge Street. However, the submission of three separate applications and reviews should be unnecessary, given the scope of the project. The inclusion of an AFDP process would match the level of detail for the project and scope of required review. Staff is requesting the Commission's feedback on potential modifications to establish an AFDP step in the Bridge Street District review process, which would be similar to the PUD process.~~

~~Ms. Husak stated that in addition to McDonald's, another example is Heartland Bank, a current application. The bank is re-cladding all four sides of their building, and the Minor Project review limits improvements to 25% of the façade. Because the project is 100% of the façade, they must have a Concept Plan, Preliminary Development Plan and Final Development Plan. With an Amended Final Development Plan, they could have obtained Informal Review feedback from the Commission and then submitted an application for an AFDP, the typical process for a PUD. The current process for updates to be made is unnecessarily burdensome and costly for the smaller improvements.~~

Commission Discussion

~~Mr. Supelak and Ms. Call expressed support for the adding the AFDP step to the process.~~

~~Ms. Kennedy inquired if there could be any scenario in which this might not work in the City's favor.~~

~~Ms. Husak responded that she does not believe there is. AFDPs have been an option for PUDs in the City for many years. With AFDPs, there is also the opportunity for a Minor Text Modification, which would require a waiver.~~

~~Ms. Call inquired if the AFDP would not replace the need to follow the other three review steps, if those~~