LOUISVILLE LEXINGTON LONDON FLORENCE CINCINNATI INDIANAPOLIS ORLANDO JACKSONVILLE TAMPA

KENTUCKIANA
COURT REPORTERS

REQUEST: AMEND THE LAND DEVELOPMENT CODE RELATED TO CLINICS

PROJECT NAME: CLINICS TEXT AMENDMENT

PUBLIC HEARING

DATE:

October 06, 2016

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1 LOUISVILLE METRO GOVERNMENT
2 PLANNING COMMISSION
3
4 PUBLIC HEARING
5
6 REQUEST: AMEND THE LAND DEVELOPMENT CODE RELATED TO
7 CLINICS
8
9 PROJECT NAME: CLINICS TEXT AMENDMENT
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25 DATE: THURSDAY, OCTOBER 6, 2016

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1 CHAIRPERSON JARBOE: Good afternoon. We're
2 going to get started. Welcome to the October 6, 2016
3 regular meeting of the Louisville Metro Planning
4 Commission for hearing of land use proposals
5 advertised and docketed for today. The agenda for
6 today's meeting will be as follows: Minutes from the
7 last Planning Commission meeting will be considered for
8 approval followed by the consideration of any business
9 session items on the consent agenda. Next, we will act
10 on non- hearing cases such as deferred zoning cases and
11 street closures. Then we address the principle segment
12 of the agenda, the new business advertised for public
13 hearing. Then (Inaudible) applications shall be read.
14 Staff will present a brief summary of each case,
15 including a description of the proposal and an outline
16 of the most important issues. The staff report was
17 provided to the Commission members in advance of today's
18 hearing. Copies of the staff report have been available
19 in the office of the Planning Commission and area
20 available for review at the rear of the room. We will
21 not read the staff report into the record, however, the
22 staff report for each case on the agenda is hereby
23 incorporated into the official record of this hearing.
24 Next, the applicant or a representative may make a
25 statement in support of the application being considered

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1 by the Planning Commission. Other persons in support of
2 the application will then be heard. Thereafter, those
3 in opposition to the application will be heard, and
4 finally, the applicant or representative may be heard in
5 rebuttal. During a person's time to speak, he or she
6 may ask questions of any prior speaker or government
7 employee present who has reviewed the case. Each
8 speaker must remain available for questioning,
9 otherwise, his or her testimony will not be considered.
10 All speakers are asked to state their name and address,
11 including ZIP code, for the record when they approach
12 the podium and before making any other statement.
13 Everyone wishing to provide testimony must fill out a
14 speaker's record form. These forms are available on the
15 table at the rear of the room. Please note the
16 following time limits are in effect for each case on
17 today's agenda unless additional time has been approved
18 in advance. The staff will have five minutes for the
19 staff presentation. The applicant's representative and
20 other persons in favor of the application will have a
21 total of no more than 20 minutes for the remarks.
22 Persons opposed to the application shall have a total of
23 no more than 25 minutes to offer comments on the
24 proposal and they applicant will then have five minutes
25 for rebuttal. The Planning Commission's deliberations

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1 and voting on each case will occur in business session
2 held immediately after the conclusion of testimony
3 related to the case. Any statements related to the
4 cases must be made during the public portion of the
5 hearing. All documents and records and Planning
6 Commission files have been available for public
7 inspection in the Planning Commission office. Anyone
8 interested in today's case should pick up a copy of the
9 handout titled, "After the Public Hearing," located on
10 the table at the rear of the room. This will tell you
11 what will happen after the public hearing is held and
12 how to stay informed about a rezoning case. Also,
13 please turn off any cell phones, put them on vibrate, so
14 that you're not causing any problems during the meeting.
15 And for anybody that is planning on speaking today, I
16 need you to stand up and take the oath. If you're
17 planning on saying anything at all at today's meeting,
18 please stand. Do you swear or affirm that the testimony
19 that you will provide the Planning Commission today is
20 the truth? Thank you. Okay. First agenda item is the
21 approval of the minutes from the September 19, 2016
22 night hearing. Those Commissioners present were myself,
23 Marilyn Lewis, Lula Howard, Richard Carlson, David
24 Tomes, Emma Smith, Robert Kirchdorfer, Robert Peterson,
25 Clifford Turner, and Jeff Brown. Has anyone had an

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1 opportunity to read those minutes?
2 COMMISSIONER HOWARD: Yes.
3 COMMISSIONER JARBOE: Thank you. Thank you,
4 Ms. Howard.
5 COMMISSIONER: Mr. Chairman, I'd like to make
6 a motion that we approve the minutes as written.
7 COMMISSIONER HOWARD: Second.
8 COMMISSIONER JARBOE: Okay. WE have a
9 properly made motion and a second. Any further
10 discussion? Hearing none, roll call vote.
11 CLERK: Commissioner Lewis?
12 COMMISSIONER LEWIS: Yes.
13 CLERK: Commissioner Brown?
14 COMMISSIONER BROWN: Yes.
15 CLERK: Commissioner Howard?
16 COMMISSIONER HOWARD: Yes.
17 CLERK: Commissioner Smith?
18 COMMISSIONER SMITH: Yes.
19 CLERK: Commissioner Carlson?
20 COMMISSIONER CARLSON: Yes.
21 CLERK: Commissioner Turner?
22 COMMISSIONER TURNER: Yes.
23 CLERK: Commissioner Peterson?
24 COMMISSIONER PETERSON: Yes.
25 CLERK: Commissioner Jarboe?

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1 COMMISSIONER JARBOE: Yes.
2 CLERK: Thank you.
3 COMMISSIONER JARBOE: Okay. Next on the
4 agenda at the public hearing, there are two cases
5 9-58-89 and 9-36-96. Both of those are binding element
6 citations, and they have been continued to October 20,
7 so no action to take on -- do we need to make a motion?
8 Okay. All right. Someone please make a motion that
9 both of these cases -- well, separate the cases.
10 COMMISSIONER HOWARD: Mr. Chairman, regarding
11 Case Number 9-58-89/15424 and Case Number 9-36-96
12 Binding Element, I move that we continue both cases to
13 October 20, 2016 Planning Commission Public Hearing.
14 COMMISSIONER JARBOE: Thank you.
15 COMMISSIONER: Second.
16 COMMISSIONER JARBOE: Okay. We have a
17 properly made motion and a second. No further
18 discussion. Roll call vote.
19 CLERK: Commissioner Lewis?
20 COMMISSIONER LEWIS: Yes.
21 CLERK: Commissioner Brown?
22 COMMISSIONER BROWN: Yes.
23 CLERK: Commissioner Howard?
24 COMMISSIONER HOWARD: Yes.
25 CLERK: Commissioner Smith?

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1 COMMISSIONER SMITH: Yes.
2 CLERK: Commissioner Carlson?
3 COMMISSIONER CARLSON: Yes.
4 CLERK: Commissioner Turner?
5 COMMISSIONER TURNER: Yes.
6 CLERK: Commissioner Peterson?
7 COMMISSIONER PETERSON: Yes.
8 CLERK: Commissioner Jarboe?
9 COMMISSIONER JARBOE: Yes.
10 CLERK: Thank you.
11 COMMISSIONER JARBOE: Thank you. Okay. Next
12 on the agenda is 15ZONE1036. That is setting a location
13 for the night hearing for 15ZONE1036 on November 9,
14 2016. Project name is Bardstown Pavilion, and the Case
15 Manager is Julia Williams.
16 MS. WILLIAMS: I was able to go to both the
17 Bates Elementary and Fern Creek High School sites to
18 look at their facilities. And so this is the Bates
19 Elementary's facility. This wall can open up into the
20 cafeteria, so that room could be larger. And this, the
21 Fern Creek High School location, this is their
22 auditorium. So that's what those two places look like.
23 So -- and I offered like, a general comparison of the
24 sites. Bates has about 250 chairs. Fern Creek, in the
25 auditorium, they have about 380. They both have

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1 projector screens. However, with the projector screens,
2 we -- the way we would set up, the Commissioners would
3 have to turn or, you know, be seated to face the screen
4 while the presentations were being given and that would
5 in -- that would be the situation for both places.
6 There's just standard gym overhead lighting in the Bates
7 Elementary location. There's theatre lighting in the
8 auditorium -- the Fern Creek High School auditorium
9 location so there -- you could -- there's different
10 lighting. The acoustics in the Bates Elementary would
11 be similar to a gym, and then for Fern Creek High
12 School, it would be similar to a theatre as far as the
13 sound. There are four microphones available to use at
14 Fern Creek. There's at least one available at Bates
15 Elementary, but we generally bring our own microphones
16 anyways. We would bring our portable sound system for
17 Bates Elementary and the auditorium has an existing
18 sound system. Both places have plenty of parking. Bates
19 Elementary has direct accessibility for anyone that
20 might have any kind of handicap issues whereas, the Fern
21 Creek High School, it's accessible, but it's indirectly
22 accessible. We would be -- most people would be
23 entering the auditorium and would have to go up about 10
24 or less stairs, and if you had some accessibility
25 issues, you would have to go down to the front of the

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1 building and enter through the auditorium, a little bit
2 different so
3 COMMISSIONER: You got a recommendation?
4 MS. WILLIAMS: They both seem similar. You
5 one, we'd have to set up the chairs and the other one,
6 the chairs are clearly already there, but they're -- the
7 locations are pretty similar.
8 COMMISSIONER: Is that Bates 250 -- is that
9 with the cafeteria open or not?
10 MS. WILLIAMS: That's without the cafeteria
11 open, so that would clearly be -- the 250 seats would be
12 folding chair type seats and then the cafeteria, if it
13 needed to be opened, it would be the cafeteria seating
14 where you would sit on like, the little stools around
15 the tables.
16 COMMISSIONER: But are those child-sized
17 stools?
18 MS. WILLIAMS: They are more oriented towards
19 children. Yes.
20 COMMISSIONER: But the chairs that you would
21 set up would not be?
22 MS. WILLIAMS: They're adult chairs. Yes.
23 COMMISSIONER JARBOE: I would be very
24 surprised that you can get 250 people in the elementary
25 auditorium without opening the doors into the -- that's

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1 surprising to me that it's that large.
2 MS. WILLIAMS: They have 250 chairs and they
3 generally set those up for when they have different
4 things going on for the parents --
5 COMMISSIONER JARBOE: Okay.
6 MS. WILLIAMS: -- but they --
7 COMMISSIONER JARBOE: I thought the 250
8 would --
9 MS. WILLIAMS: They did not indicate that they
10 wouldn't fit that many in there.
11 COMMISSIONER JARBOE: Okay. Got it. And have
12 we talked to Fern Creek High School yet about using the
13 facility?
14 MS. WILLIAMS: Yes.
15 COMMISSIONER JARBOE: Okay.
16 MS. WILLIAMS: I spoke with them yesterday.
17 They did say the facility was available on November 9,
18 so availability's not an issue.
19 COMMISSIONER JARBOE: Okay.
20 COMMISSIONER: In both cases, I'm suspecting
21 Fern Creek High School might be a little better for
22 traffic than Bates or do you have an opinion on that?
23 MS. WILLIAMS: Not living out there or going
24 through that area, I don't have an opinion on that.
25 COMMISSIONER: Bates is just east of the

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1 Snyder, correct -- just south of the Snyder?
2 MS. WILLIAMS: It is.
3 COMMISSIONER: Yeah.
4 MS. WILLIAMS: It is. You know, Fern Creek
5 High School has a light at the intersection to enter
6 into the school area. If you're coming from downtown or
7 so, you would be turning left into Bates High School
8 [sic] unless you are coming from, say, the Mount
9 Washington-Glen Mary area.
10 COMMISSIONER JARBOE: Chief?
11 COMMISSIONER CARLSON: Are there any issues
12 about we have to be done by a certain time at one place
13 versus the other?
14 MS. WILLIAMS: No. Both places said that they
15 could accommodate us until midnight, but that we would
16 have to be out by midnight.
17 COMMISSIONER HOWARD: Does that include
18 putting those chairs back? Are you-all physically doing
19 that set-up at Bates? Is staff?
20 MS. WILLIAMS: Yes. I would say that we are
21 putting the chairs away at Bates. They only have one
22 custodian that's going to be at both locations, so we
23 would have to take down the chairs.
24 COMMISSIONER HOWARD: And still be out by
25 midnight?

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1 MS. WILLIAMS: I would say so. Yes. But I'm
2 sure that, you know, most people are a little bit more
3 accommodating. As long as we get the people out, you
4 know, generally staff cleans things up and, you know,
5 helps out so that things can go quicker.
6 COMMISSIONER JARBOE: Okay.
7 COMMISSIONER: Both of them have stages?
8 MS. WILLIAMS: They both have stages. I would
9 not recommend that we set up a table on either of those
10 stages. It seemed more appropriate to set them up
11 below. Both stages are not very big that they would be
12 able to accommodate the full Commission, but there's
13 plenty of floor space on both of the locations to set up
14 the tables and have it be -- it would be more level. The
15 Bates stage is a little bit bigger than the one at Fern
16 Creek, but I still would recommend that we set up on the
17 floor at both of those locations.
18 COMMISSIONER: Would you put the pictures back
19 up, please?
20 MS. WILLIAMS: That's Fern Creek and Bates.
21 COMMISSIONER: Could you go back to Fern
22 Creek, please?
23 MS. WILLIAMS: Sure.
24 COMMISSIONER: To me, it seems if we're going
25 to be down on the floor, if we were at the high school,

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1 you know, the people that are sitting way back in the
2 back will be able to see a little bit better and, you
3 know, the Fern Creek's got the permanent sound system
4 versus a portable sound system at Bates and, you know,
5 sometimes there's issues with I can't' hear what's being
6 said whereas, if you have the best sound system
7 possible, that may reduce it. I'd like to be sure that
8 as many people as possible can hear.
9 MS. WILLIAMS: Right. But we would be
10 bringing normally what we would bring to, say, the East
11 Government Center to the elementary school. We would
12 likely still bring it to Fern Creek just in case, but,
13 you know
14 COMMISSIONER JARBOE: You anticipate your
15 system will hook into the Fern Creek existing acoustic
16 system?
17 MS. WILLIAMS: Right.
18 COMMISSIONER JARBOE: Okay. Anybody else have
19 any questions?
20 COMMISSIONER: Are those permanent projector
21 screens at both of them? Is that one sitting on the
22 stage there at Fern Creek? Is that what you're talking
23 about behind the Commissioners?
24 MS. WILLIAMS: Yes. This one rolls out
25 similar to what we've got here. It rolls out of the

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1 ceiling, so it could be, you now, put up, and then I
2 believe the one at Bates is also one that kind of rolls
3 down from the ceiling. We didn't have it open because
4 they were getting ready to use the gym at the time soBut
5 they do have a projector screen there in a very similar
6 location.
7 COMMISSIONER JARBOE: John, did you have a
8 question?
9 COMMISSIONER: When the Commissioners have to
10 turn around, does that mean we have to turn 100 percent
11 around?
12 MS. WILLIAMS: I'm sure you would be able to
13 sit at an angle, but, you know, either way, you're going
14 to have to turn to see the screen.
15 COMMISSIONER JARBOE: Okay. Any other
16 questions? All right. I think we need to pick one of
17 these two locations and -- Lula, you want to start?
18 COMMISSIONER HOWARD: I personally prefer Fern
19 Creek High School. Maybe it's more so for the padded
20 seats for the citizens. It's not going to help us, but
21 at least they would be comfortable. And then Fern Creek
22 has four microphones available. I don't know if that
23 helps us in any way or not, but I prefer Fern Creek.
24 COMMISSIONER JARBOE: David?
25 COMMISSIONER TOMES: I think Fern Creek. I

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1 think Fern Creek. The more comfortable chairs might
2 keep people there longer. That's the only negative, but
3 no. Fern Creek seems to make more sense.
4 COMMISSIONER JARBOE: Okay.
5 COMMISSIONER: I don't have a strong
6 preference either way. It seems like Fern Creek does
7 have more amenities. Assuming that people can get out
8 of those rows easy enough, the public when they come up
9 to speak since those are fixed chairs. I'm assuming
10 that's not a problem, but it seems like Fern Creek does
11 have more amenities.
12 COMMISSIONER: Yeah. I agree. Fern Creek has
13 (Inaudible).
14 COMMISSIONER JARBOE: Okay. Cliff?
15 COMMISSIONER TURNER: Fern Creek.
16 COMMISSIONER JARBOE: Emma?
17 COMMISSIONER SMITH: Fern Creek because of the
18 better sound system.
19 COMMISSIONER JARBOE: Chief?
20 COMMISSIONER CARLSON: Fern Creek.
21 COMMISSIONER JARBOE: Okay. I prefer the
22 Central Government Center, but
23 COMMISSIONER: Is it downtown? Is that still
24 COMMISSIONER JARBOE: Or downtown. I will
25 defer to the rest of the Commissioners and agree that

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1 Fern Creek. I just wanted to get that on the record
2 because I do believe that we've had multiple discussions
3 about this, and I do look at this case as being kind of
4 a one off because of the sheer number of people that are
5 coming down there. The other government centers --
6 Central is the one that probably -- I mean, East -- I'm
7 sorry -- not East, but the Central Government Center is
8 probably the one that has the smallest amount of seating
9 for the public. If this was one where we were talking
10 about the East Government Center, I would definitely be
11 saying let's go to the East Government Center but --
12 COMMISSIONER: But both of these locations
13 seat more than Central Government Center?
14 COMMISSIONER JARBOE: Yes. Yes.
15 COMMISSIONER: Okay.
16 COMMISSIONER JARBOE: Okay. Someone want to
17 make a motion? I guess we have to make a motion, Julia,
18 is that right, for the location?
19 MS. WILLIAMS: Probably should.
20 COMMISSIONER: Mr. Chairman, I move that for
21 Case Number 15ZONE1036, our night hearing that we've
22 already scheduled for November 9, that it be held at the
23 Fern Creek High School at 6:00 p.m.
24 COMMISSIONER JARBOE: Okay.
25 COMMISSIONER TOMES: Second.

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1 COMMISSIONER JARBOE: We have a properly made
2 motion and a second. Any further discussion? Hearing
3 none, roll call vote.
4 Clerk: Commissioner Lewis?
5 COMMISSIONER LEWIS: Yes.
6 CLERK: Commissioner Brown?
7 COMMISSIONER BROWN: Yes.
8 CLERK: Commissioner Howard?
9 COMMISSIONER HOWARD: Yes.
10 CLERK: Commissioner Smith?
11 COMMISSIONER SMITH: Yes.
12 CLERK: Commissioner Carlson?
13 COMMISSIONER CARLSON: Yes.
14 CLERK: Commissioner Turner?
15 COMMISSIONER TURNER: Yes.
16 CLERK: Commissioner Tomes?
17 COMMISSIONER TOMES: Yes.
18 Clerk: Commissioner Peterson?
19 COMMISSIONER PETERSON: Yes.
20 CLERK: Commissioner Jarboe?
21 COMMISSIONER JARBOE: Yes.
22 CLERK: Thank you.
23 COMMISSIONER JARBOE: Thank you.
24 MS. WILLIAMS: Thank you.
25 COMMISSIONER JARBOE: Okay. The next case on

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1 the agenda and the last case today is 16AMEND1000. That
2 is to amend the Land Development Code related to
3 clinics. The Project name is Clinics Text Amendment.
4 Louisville Metro is the applicant and Case Manger is not
5 Joseph Haberman. It is Brian Mabry.
6 MR. MABRY: Good afternoon, Commission. Brian
7 Mabry, Louisville Metro Planning and Design Services. I
8 am helping our Joe today who is in Indianapolis at a
9 conference there. This is a Land Development Code Text
10 Amendment related to how clinics are handled in our Land
11 Development Code. This is Case 16AMEND1000. To go back
12 to the beginning for how this got on your desks, in
13 November of last year, Metro Council passed an ordinance
14 directing Planning and Design Services staff to research
15 and draft amendments to the Land Development Code
16 addressing methadone clinics specifically and to take
17 those recommendations to you-all to hold the public
18 hearing and make a recommendation to the Metro Council,
19 who would make the final decision on a change to the
20 Land Development Code. The ordinance had several
21 sponsors and it provided some initial direction on what
22 the drafters were looking for as far as future
23 regulations in the land development code related to
24 security, potential loitering, parking, and other
25 impacts that might take place for surrounding

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1 properties. So that was our marching orders, and we
2 took it and have spent a significant amount of time
3 working on these potential change, and now we are
4 bringing them to you for your recommendation to Metro
5 Council. Currently, any -- not just methadone clinics,
6 but any clinics that are related to treating drug
7 addiction, they are not specifically mentioned in the
8 Land Development Code, and so whenever something like
9 that happens, the Planning Director has to make an
10 interpretation and figure out where in the Code and of
11 all the hundreds of uses listed in the Land Development
12 Code, what kind of listed use is most similar to the new
13 use in question. And so the interpretation has been
14 that a methadone treatment clinic, again, or any other
15 kind of drug treatment clinic would fall within the
16 definition of clinic, which is defined in the Land
17 Development Code, Section 1.2.2. The interpretation was
18 not too difficult for one reason being that the
19 definition of clinic expressly includes the phrase "drug
20 clinics." So although there has been some ambiguity in
21 there, there was some direction that we had to kind of
22 latch onto and make the interpretation that of all the
23 uses in the Code, a methadone clinic or any drug
24 treatment clinic is best classified as a clinic. But we
25 have direction from Metro Council to clarify that, make

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1 it more clear, and have potentially some standards in
2 the Code that would help address some of the concerns of
3 Metro Council. We do have standards in the Land
4 Development Code in Section 4.2.29 where all the
5 conditional use standards are located, and they are
6 pretty short and simple right now -- 4.2.29 Hospitals,
7 Clinics, and Other Medical Facilities. There's a
8 standard for signs, which sets some limitations on signs
9 kind of basically in residential areas and that provides
10 in letter B there a 30-foot setback from any property
11 line that a clinic would need to maintain when it is
12 requesting a conditional use permit. There is one
13 example that Joe and I visited recently, the More Clinic
14 at 1448 South 15th Street. This is a clinic that
15 Louisville Metro basically runs. I have a few shots,
16 two of the exterior there. The top one is the entry
17 there, a secured entry. The lower right one is just
18 kind of the view from one of the streets in case you
19 recognize the building. And then the two interior shots
20 are the waiting room on the left along with where the
21 methadone is dispensed. You can see the bathroom areas
22 are over here off the screen mostly, and a security desk
23 in the lower, middle screen as well. So we did visit
24 and have an extensive, good conversation with one of the
25 counselors there, who educated us on how this one runs.

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1 This one is, again, a Metro-run clinic and so like any
2 Metro facility, would not be subject to any changes in
3 the Land Development Code or any existing provisions of
4 the Land Development Code. So these provisions that
5 you're looking at today would, in most likelihood, be
6 applying to private practice clinics that may be
7 established. So we did look at many alternatives when
8 doing the initial research on this question and how to
9 regulate. If we were going to regulate clinics and
10 specifically methadone clinics, work closely with the
11 County Attorney's Office and reviewed similar zoning
12 regulations for other communities that have been adopted
13 by their local governments and some of the legal
14 decisions and case related to methadone and drug clinic
15 regulation. We had kind of three alternatives before us
16 that we could pick from, the first being regulating
17 methadone clinics specifically and having a use in our
18 Land Development Code that says the same methadone
19 clinics and showing where they're allowed and what kind
20 of standards would specifically go along with methadone
21 clinics. The second option would be to kind of group
22 any drug-related or drug treatment clinics together,
23 including methadone or anything else like alcohol or
24 other types of drugs into drug treatment clinics and
25 having regulations that apply to that group, that kind

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1 of subset. And then the third option would be
2 regulating methadone clinics more broadly along with any
3 and all other types of medical clinics. So, you know,
4 minor emergency or urgent care clinics or other clinics
5 like that that may not have anything to do with drug
6 treatment. And we ended up going with the third option
7 so that the proposed changes you'll see are related just
8 to clinics in general, which methadone or drug treatment
9 clinics would fall under, along with potentially many
10 other types of clinics that may exist. We have to be
11 careful with this in our selecting which alternative to
12 follow because there are rules related to the Americans
13 with Disabilities Act that can apply and do apply to
14 those addicted to drugs who are seeking treatment. You
15 can't single them out as a specific type of person to
16 have regulations on that don't apply to other types of
17 people, so there was a great deal of caution that we
18 observed when trying to put these proposals together
19 related to ADA. So this is where the print gets a
20 little smaller, and I put in a screen capture, which
21 really covers what is on this side with the blue
22 lettering. This kind of makes it, hopefully, a little
23 more clear, but you can also look in your staff report
24 on page 2 of 4 where there's a bulleted list of changes
25 in the draft regulations seek to accomplish. The first

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1 bullet has to do with definitions where we change clinic
2 to medical clinic and revise that definition to include
3 drug treatment clinics. And a lot of these, you could
4 think of them as housekeeping or wordsmithing, but that
5 can be important as well. So some of the proposed
6 changes that you'll see may not seem that significant,
7 but they were, we believe, important enough to propose.
8 The second bullet is removing the reference to
9 certificate of need, which is in the actual standards in
10 4.2.29. There's a phrase at the beginning of 4.2.29,
11 which is on page 3 of 4 of your staff report, that
12 begins with "Facilities requiring a certificate or need
13 issued by the Commonwealth of Kentucky including
14 hospitals" and some other stuff. That certificate of
15 need is a state-run thing and there are some facilities
16 that require certificates of need by statute and some
17 that don't and so to clear that up, we have just
18 proposed removing that requirement because there's some
19 types of things that you would think were clinics that
20 don't need a certificate of need. Then they wouldn't
21 even be eligible for approval. Then we'd have a whole
22 other set of interpretations needing to make that. That
23 probably wouldn't' be helpful. So we proposed to remove
24 the phrase, "facilities requiring a certificate of
25 need," as a criteria for being eligible for a

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1 conditional use permit as a hospital or medical clinic.
2 The third bullet on page two of four of your staff
3 report, one way to address outdoor loitering from a lane
4 use perspective is to require any clinic to provide an
5 indoor waiting area for clinics. It would have to be
6 large enough to accommodate the level of clients that
7 the facility is serving and there are some KAR -- it's
8 Kentucky Administrative Regulations -- there's a
9 citation that is -- that requirement or that proposed
10 amendment is in line with some provisions of Kentucky
11 Administrative Regulations. The fourth bullet in the
12 staff report on page 2 of 4, which these are, again,
13 summaries of the actual proposed amendments. To address
14 the impact on adjacent properties, require parking to be
15 adequate to accommodate the number of clients that are
16 being served at the site. And that criteria and it's
17 also in line with a provision of Kentucky Administrative
18 Rules. Then the final bullet on page 2 of 4 of the
19 staff report is to require hospitals and medical clinics
20 to be located on or near a collector or arterial street
21 classification with reasonable access to public
22 transportation. That's the summary of the proposed
23 amendments, and I could go through them line by line or
24 accept questions from you on what they entail. These
25 slides kind of show the actual strikethrough and

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1 underline and markup or the proposed changes, which I
2 kind of, again encapsulated in the bulleted points I
3 just went through. I do have on the screen some
4 proposed findings for this Text Amendment and I printed
5 those out for you there so you could look at them for
6 longer than just the time they appear here on the
7 screen, but they are related to the provisions of the
8 Comprehensive Plan as any Text Amendment would need to
9 be. There are several that this proposal is in line
10 with in our Cornerstone 2020 Comprehensive Plan. And so
11 based on the information in the staff report and the
12 testimony and evidence that's provided at this public
13 hearing, the Planning Commission must recommend to Metro
14 Council that the Text Amendments that are being
15 discussed be forwarded with a recommendation for
16 approval, approval with modifications, or denial. And
17 I'll just underscore again, this isn't about -- just
18 like with the (Inaudible) just as any other Text
19 Amendment, this isn't about any specific site. It's
20 about setting the framework for the future, you know,
21 clinics that would be established in Metro. This
22 doesn't apply to the other cities within he area that
23 have zoning authority like Saint Matthews or Hurstbourne
24 or any of those. They would have to adopt these or
25 similar regulations if they want to address this issue.

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1 I'll be happy to take any questions you might have.
2 COMMISSIONER JARBOE: Okay. Commissioners?
3 COMMISSIONER SMITH: I have a question.
4 COMMISSIONER JARBOE: Emma?
5 COMMISSIONER SMITH: Are people who are
6 seeking a methadone treatment, are they classified as
7 disabled under the Americans with Disabilities Act?
8 MR. MABRY: My understanding is yes.
9 COMMISSIONER SMITH: Okay.
10 MR. MABRY: They are as someone addicted to a
11 drug that is seeking a treatment, they would be
12 considered to have a disability and so there would be
13 protections involved legally.
14 COMMISSIONER SMITH: Okay. And when you say
15 you observed the clinic operation, okay, they go in and
16 they get their dose of methadone. Is there any follow-
17 up to that? Do they go and sit down and someone
18 observes them or do they just drink it and leave or
19 MR. MABRY: Well, when we were there, there
20 were no patients there. There may have been a privacy
21 issue or whatever --
22 COMMISSIONER SMITH: Yeah.
23 MR. MABRY: -- so we were there afterwards --
24 COMMISSIONER SMITH: Uh-huh.
25 MR. MABRY: -- and just kind of got a tour and

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1 a conversation with the counselor there. I'm wouldn't
2 be able to speak 100 percent with confidence to how it's
3 monitored. I just know they come in and they get their
4 dose and there is some like, urine testing involved and
5 things of that nature. But I do believe it's a rather
6 quick -- you know, relatively quick in and out whenever
7 a patient is there to get their dosage.
8 COMMISSIONER SMITH: Yes. I've seen the
9 lines, you know, outside these facilities and I'm just
10 trying to understand their procedures as to why all
11 these people are standing, you know, in line and --
12 MR. MABRY: There may be someone associated
13 with the treatment industry that might be able to speak
14 to that.
15 COMMISSIONER SMITH: Okay.
16 DR. BAKER: Yeah. And Brian's right. I think
17 there'll be some additional testimony that'll talk about
18 that from speakers that are here today, but I can tell
19 you that there are peak hours when those that seek
20 treatment -- specifically, in the a.m. hours, in the
21 morning, because they go get their dosage prior to going
22 to work, so everyone that is on the first shift would
23 likely go, and you see lines at 6:00, 7:00, 8:00 a.m. so
24 they seek treatment and they get it and then they go to
25 work so

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1 COMMISSIONER JARBOE: Marilyn?
2 COMMISSIONER LEWIS: I have a couple of
3 questions. In this definition, it says "A clinic that
4 treats persons addicted to controlled substances as a
5 primary function." Does the word "controlled
6 substances" cover every incident that these type clinics
7 would service? Is that an all-encompassing phrase?
8 MR. MABRY: So you're talking about in the
9 definition for medical clinic, there's a proposed
10 addition that says, "This term includes" drug is
11 stricken -- "clinics that treat persons addicted to
12 persons addicted to controlled substances as a primary
13 function." So controlled substances -- I don't know if
14 alcohol is considered a controlled substance.
15 MR. TOMES: Sure.
16 MR. MABRY: But there are laws about alcohol,
17 so something like alcohol treatment, if there were a
18 medical and I'm not 100 percent sure, but if there were
19 medical treatments to treat alcoholism other than
20 counseling and things like that, truly like medical,
21 physiological treatments about alcohol addiction, then I
22 believe it should fall under that phrase as well.
23 MS. LEWIS: Okay. And then the second
24 question up there under those bullet points -- the third
25 bullet about "address outdoor loitering." My experience

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1 just in driving by some of these clinics are there's a
2 lot of people outside smoking, which I guess I would put
3 in the category of loitering. This seems to address
4 that there'll be an indoor waiting room enough to
5 accommodate, but I assume they're not going to be able
6 to smoke in there, so should there be some accommodation
7 for smoking or not smoking on that property?
8 MR. MABRY: I would assume that as well, that
9 there wouldn't be smoking in the indoors. I don't know
10 how much Zoning can get into setting smoking areas or
11 showing where smoking can take place or not, so I don't
12 know if there's anything that the Land Development Code
13 can do about that.
14 MS. LEWIS: I assume we'll hear about that if
15 it's a conditional use permit during a public hearing?
16 MR. MABRY: Right. And maybe something I
17 should clarify that I didn't even mention so I should
18 say the proposal is to keep the current scheme of
19 clinics being conditional uses throughout any zoning
20 district. There's not a change proposed for that. There
21 are conditional use permits across the board for any
22 zoning restriction.
23 COMMISSIONER JARBOE: John?
24 COMMISSIONER: Brian, it's obvious you-all put
25 a whole lot of work into this amendment. Two quick

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1 questions. Does the term "clinic" -- is that out
2 completely or does that stay in?
3 MR. MABRY: The proposal is "medical clinic"
4 and the background on that change --
5 COMMISSIONER: Oh, but the term --
6 MR. MABRY: Yeah.
7 COMMISSIONER: -- "clinic" by itself, that
8 will be removed entirely?
9 MR. MABRY: It's "medical clinic." So the
10 proposal is to change the defined term in 1.2.2 from
11 clinic to medical clinic and to change the heading and
12 any time it's mentioned in 4.2.29. It's currently
13 worded as "hospitals, clinics, and other medical
14 facilities" to just say "hospitals and medical clinics."
15 And I was going to say I'm not 100 percent sure on the
16 history of that nuance of having medical clinic in there
17 as part of the term, but I believe it was an attempt for
18 just further clarification in some way.
19 COMMISSIONER: How would a sponsor determine
20 the size of a waiting area? What criteria would they
21 use?
22 MR. MABRY: There are Kentucky Administrative
23 Rules -- provisions related to how many patients per
24 counselor there can be, so I would imagine that that
25 would come into play as to how many counselors are on

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1 staff, and there's also building code requirements about
2 waiting areas and assembly areas as well.
3 COMMISSIONER: Thank you.
4 COMMISSIONER JARBOE: David?
5 COMMISSIONER TOMES: Yes. Just kind of
6 following up on Marilyn's question a little bit. I've
7 had a good bit of experience with ADA rules and my
8 understanding would be that these patients are a
9 protected class and we require everybody to go outside
10 to smoke in other buildings, so I don't think we can say
11 you got to smoke inside in this building. So I don't
12 know how you control the loitering outside of smoking,
13 but at least to smoke, I think they have to go outside
14 and that right would be protected. I had one comment or
15 one question under bullet point 4. I always get
16 troubled by what's reasonable and unreasonable. Where
17 it says "reasonable access to public transportation" as
18 a definition of what's required for location of clinics
19 and hospitals and knowing that we don't have public
20 transportation throughout the community, that could be
21 an issue, and so if you could kind of help me either
22 define reasonable or put some light on (Inaudible).
23 MR. MABRY: Well, if we were proposing these
24 to be permitted by right without a conditional use
25 permit, I think that would be more problematic. We

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1 would want to have more clear parameters on how close
2 they would need to be in terms of feet or blocks. Since
3 this is a conditional use permit, then there's more
4 wiggle room or gray area to where the Board of Zoning
5 adjustment when they're considering a case by case, site
6 by site basis, considering the surroundings of the
7 property, considering public testimony. They would be
8 the ones who determine, you know, based on all that, an
9 appropriate or reasonable amount of parking.
10 COMMISSIONER JARBOE: And perhaps I can
11 respond, too. I mean, I think I do share some of your
12 same concerns, Commissioner Tomes, because based on what
13 Brian just said, we need to be careful with the exercise
14 of said discretion. Another term in that bullet point
15 is what's considered near and then reasonable access.
16 What I'm worried about is using that as a way to not
17 permit a certain facility to locate and perhaps we
18 should look at what we believe is reasonable or what is
19 considered near just so it's not open ended in a way
20 that we could use that provision to say hey, well, we
21 don't believe you're near enough, so we're not going to
22 permit your facility to locate.
23 DR. BAKER: Yes. And in other regulations, as
24 you know, there have been complaints that because of
25 language like this, all of these sorts of things get put

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1 in a certain part of town or whatever, you know, and
2 excluded from areas of town, too, so I agree with you.
3 We have to be careful.
4 COMMISSIONER JARBOE: Okay. Anyone else?
5 Chief Carlson?
6 COMMISSIONER CARLSON: The Metro Ordinance
7 talked about hours of operation, security plan,
8 insurance requirements. Would those issues be talked
9 about during the conditional use permit process?
10 MR. MABRY: I believe they may. I guess we
11 could probably rely on what Mr. Baker just said as being
12 careful about using other things as a way to deny
13 something, but, you know, usually, the Board of Zoning
14 Adjustment can ask about those type of things on many
15 other uses. So, you know, I would think they might be
16 fair game for a clinic as well.
17 COMMISSIONER CARLSON: Thank you.
18 COMMISSIONER JARBOE: Okay. Commissioners,
19 any other questions? Brian, I just had one. I just
20 want to know does this have any -- since we're changing
21 the wording in this, this is going to affect all
22 different medical clinics all around the Metro, correct?
23 It's kind of setting a one size fits all the medical
24 clinics?
25 MR. MABRY: Right now for -- yeah.

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1 COMMISSIONER JARBOE: Have we thought about
2 any unintended consequences to those kind of medical
3 clinics that are already in existence? Are they going
4 to have to make any changes to what they're doing
5 because of this Text Amendment change?
6 MR. MABRY: They would be a nonconforming use
7 and protected under the Nonconforming Use Rule so that
8 they could continue operating and then if they were to
9 take on any kind of expansion that would trigger
10 conditional use permit review, then they would have to
11 comply or seek waivers or variances.
12 COMMISSIONER JARBOE: Okay. I was just kind
13 of curious on how burdensome this is going to be for
14 those clinics that have been operating lawfully and I
15 don't know enough to --
16 MR. MABRY: Yeah.
17 COMMISSIONER JARBOE: -- to say. I just was
18 curious about what the process is.
19 COMMISSIONER: Yeah. Brian is correct in that
20 that would fall under the definition of medical clinic
21 and the zoning context would be protected under
22 Nonconforming Use Rights, and they would not -- unless
23 they enlarged the scope or area of their facility, they
24 wouldn't have to come into compliance with these new
25 regulations.

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1 COMMISSIONER JARBOE: Okay. Thank you. All
2 right. No other questions? Cliff?
3 COMMISSIONER TURNER: (Inaudible).
4 MR. MABRY: Not many. There's the one Metro
5 runs that we visited and my rough guess is maybe two or
6 three more. I could be woefully short, but my guess is
7 four to five at the most probably.
8 COMMISSIONER JARBOE: Turn your microphone on
9 there, Cliff, please.
10 COMMISSIONER TURNER: All of them government
11 offices?
12 MR. MABRY: I know for sure --
13 COMMISSIONER TURNER: I mean, private?
14 MR. MABRY: -- the More facility is and maybe
15 some of them are sort of nonprofit or, you know, quasi-
16 public. I know one of the geneses of these regulations
17 was the potential private, for profit methadone clinic
18 that was proposing to open in a strip center. That
19 might be one that possibly a person from the public
20 might be able to better elaborate on, but my guess is
21 not very many.
22 COMMISSIONER JARBOE: Okay. The first person
23 that we have to speak -- oh, I'm sorry. John?
24 COMMISSIONER: These medical clinics would be
25 allowed in any zoning district?

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1 MR. MABRY: Correct. That doesn't change.
2 COMMISSIONER: Thank you.
3 COMMISSIONER HOWARD: Well, I have a question
4 then.
5 COMMISSIONER JARBOE: Go ahead.
6 COMMISSIONER HOWARD: In the ordinance, it
7 said methadone clinics may be allowed in the M1, M2, M3,
8 and EZ1 district, so that doesn't include those?
9 MR. MABRY: No. You know, that's the Council
10 ordinance that was passed in November, and that's the
11 direction that the sponsors wanted to go, but as we
12 looked at it and looked at the ADA issues involved, we
13 do not believe that that's the way that we need to go.
14 COMMISSIONER HOWARD: So they're going to have
15 to prepare an new ordinance?
16 MR. MABRY: Right. I mean, they would anyway
17 because this will be an ordinance.
18 COMMISSIONER HOWARD: Okay. Thank you.
19 MR. MABRY: Yeah.
20 COMMISSION TOMES: And Lula, typically, we --
21 that was passed as an ordinance, but typically, we see
22 that in the form of a resolution. Basically, that's the
23 Council directing the Planning Commission to look at the
24 issue and, through state statute, for any reg change to
25 the text, we've got to do, you know, the due process

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1 public hearing, which we're currently having.
2 COMMISSIONER HOWARD: That's okay. Thank you
3 because I was seeing a little discrimination in here.
4 Thank you.
5 COMMISSIONER JARBOE: Okay. Anything else?
6 All right. We'll move to our first speaker. We have
7 David Davidson.
8 MR. DAVIDSON: Good afternoon. My name is
9 David Davidson. I'm an attorney from Covington. Mr.
10 Baker and I spoke about this and I've had a chance to
11 work with some of the people who put these proposals
12 together for you to consider, and I'd like to address a
13 few issues for you and take any questions that you might
14 have. The first, most important thing that I think you
15 need to look at and to know about this -- well, let me
16 back up a little bit and tell you exactly why Mr. Baker
17 called me. In Covington, we have a for profit methadone
18 clinic. We fought this fight in 2002 when I first
19 represented a company that came to Covington looking to
20 open a for profit clinic. Covington immediately changed
21 their zoning ordinance to ban all methadone clinics from
22 anywhere in the city. We sued them. We won. The Sixth
23 Circuit Court of Appeals, the Fourth Circuit Court of
24 Appeals, the Third Circuit, and now the Ninth Circuit
25 have all said you cannot treat methadone clinics any

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1 differently than you do any other kind of clinic. If
2 the desire is -- and I think I saw some of this in the
3 ordinance that was passed -- to single out methadone
4 clinics, I think you'll find yourself in a problem and
5 that you have to treat this kind of treatment program
6 for this particular disease just as you would any other
7 medical problem. So this attorney's opinion, you need
8 to treat methadone clinics just like you would weight
9 loss clinics, dialysis clinics, any other kind of
10 clinics that you have. You know better. Mr. Baker
11 knows better than I do about regulating land use and
12 what you can take into consideration with that. Parking
13 seems to be to be one of those things, the frequency and
14 the use of the buildings, et cetera. But long and short
15 of it is, I think it's a mistake and that there's cases
16 I can stack up pretty high that say that if you single
17 out methadone clinics, that you'll have a problem.
18 Second is I think if you start talking about sole -- not
19 just methadone, but any particular kind of treatment for
20 any particular kind of disease that you're not
21 regulating land use that you're getting into the
22 bailiwick of some of the other folks who are going to
23 testify here today. Medical doctors, they're the ones
24 that know about what is the proper treatment, no
25 lawyers, not land use people. What is the proper kind

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1 of treatment? Is it in-house treatment programs? Is it
2 methadone? Is it a 12-step program? What is it? I
3 don't know. I don't think you can regulate that through
4 the zoning process. The last thing I would like to
5 point out to you, and then I'm going to try and address
6 some of the concerns that were addressed. Methadone
7 clinics can only be opened after they have been approved
8 by the State Narcotics Board. When the presentation was
9 made and citations were addressed to KAR, Kentucky
10 Administrative Regulations, those are things that the
11 Narcotics Board requires any methadone clinic to do
12 before they open. So some of the things that were
13 addressed in the bullet points and that are now in the
14 amendments, such as having enough space inside the
15 building to accommodate people, such as regulating and
16 monitoring the parking lot outside the building, that's
17 already required by the State Narcotics Board. So you
18 don't have to worry too much about who's going to
19 regulate this. The State Narcotics Board is all over
20 these folks, both the nonprofit and the profit people. I
21 know that there's some distaste for the for profit
22 clinics, but this is America, and people, when they have
23 an opportunity, get to have a -- if there's a profit to
24 be made, they can make it. There were some specific
25 concerns that were addressed, one was about smoking. And

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1 others here today can tell you more about how methadone
2 clinics are operated, but my experience is that there
3 are two ways people will come to the methadone clinic.
4 As Mr. Baker said, the first way is they're on their way
5 to work, so if someone's starting a first shift at
6 Proctor and Gamble at 7:00 in the morning, they're at
7 the methadone clinic at 6:00 in the morning when -- by
8 bus or however they get there. They walk in, they get
9 their dose, they go out, and they're on their way to
10 work. They're not in or out for any length of time, and
11 really should not be loitering in the parking lot at
12 all, whether to smoke or anything else. They should not
13 be loitering there. The other thing is that each one of
14 these people who are taking methadone are required to
15 meet with counselors over a period of time. Exactly how
16 often and for how long, I'm not capable of telling you
17 right now. I think some of the others behind me will.
18 But when those people are in the methadone clinic seeing
19 counselors, well, they're not going to be able to smoke
20 inside, but even so, there should be some regulation of
21 that parking lot, so that there aren't people standing
22 around. There were questions about standing in line,
23 and I can't remember which Commissioner asked the
24 question. My experience in Covington and where I've
25 seen it is sometimes you'll see outside of AA meetings,

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1 sometimes you'll see outside of intensive outpatient
2 treatment programs where people are actually in these
3 buildings for hours at a time, that in a break they'll
4 all come out and smoke cigarettes, right? That's what
5 you're looking at for people who are standing outside.
6 I don't think that will exist at all in a properly run
7 methadone clinic. The last thing I would say, the
8 pictures that were shown are of -- I don't want to say -
9 - it's a methadone clinic that's been in operation for a
10 good period of time. The methadone clinic that I
11 represent in Covington today has been open for about
12 three years. What they did was take over an old grocery
13 store near an industrial area, and it's big, it's open,
14 it's clean. It's got plenty of parking. People walk in.
15 There's a big room for everyone to stand in line.
16 Nobody needs to stand outside. They walk through. They
17 go up to a window. They get their dose. They take it.
18 They open their mouth to show that they've consumed it,
19 and they're back out the door, and they're gone. And
20 it's a clean, big, smoothly operating facility. I don't
21 think you're going to find any of the long lines
22 outside, and if there is any kind of loitering in the
23 parking lot, it's a regulatory thing that I think the
24 State Narcotics Board can take care of. One of the
25 reasons that the methadone clinic in Covington opened is

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1 that there was a methadone clinic in southeast Indiana
2 up by Lawrenceburg that was huge and poorly run and that
3 people were getting harassed. The State Narcotics Board
4 in Indiana was harassing them. Nobody wanted anything to
5 do with them. They wanted to come over to Kentucky
6 where it's properly run, where things could be done
7 well. When they're operated properly, when they're
8 regulated well, these things can be a benefit and not a
9 detriment. And if you have any questions -- I'm trying
10 to address things. I know I've got five minutes. I
11 don't know where I am.
12 COMMISSIONER JARBOE: We're going to let
13 everybody who's speaking in support and then we have
14 questions; we'll bring you back up.
15 COMMISSIONER TOMES: All right. Very good.
16 COMMISSIONER JARBOE: Thank you.
17 MR. DAVIDSON: Thank you.
18 COMMISSIONER JARBOE: Next, we have speakers,
19 Joann Schulte.
20 MS. SCHULTE: Good afternoon. I'm Dr. Joann
21 Schulte. I'm the Director of the Louisville Metro
22 Department of Health and Wellness, and we're in support
23 of this amendment for several reason. One is that we
24 believe that methadone programs be they run by the
25 health department or privately funded and nonprofit and

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1 government clinics are part of the full range of
2 treatment options that are needed to combat the current
3 opioid epidemic, and if you want to think about why
4 people need treatment, let me give you a couple of
5 numbers. There are at least 600 to 700 people a month,
6 based on interviews I've done in this city in the last
7 six months, that seek treatment every month. We need
8 the clinics and we need them to be available so that
9 people can stay alive. Otherwise, we're going to have
10 issues like we did last year where we have almost 300
11 opioid overdose deaths. This is a chronic illness that
12 needs to be treated and this regulation of methadone
13 clinics as medical clinics is important if we're going
14 to keep people alive. The problem with people who are
15 addicted to heroin or other opioids is that it's a
16 chronic condition. It changes your brain. Some people
17 can get off of those drugs with the 12-step abstinence-
18 based program, but Louisville needs to do some growing
19 up in terms of the medication-assisted treatment
20 programs, one of which is methadone -- are options to
21 help keep people alive and have lives. The people who
22 are showing up at the More Center or out in Saint
23 Matthews at the Center for Behavioral Health are able to
24 keep their lives because they're on medication-assisted
25 treatment. It enables them not to deteriorate. It

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1 enables them to be productive and functioning members of
2 society. In the same way that 25 or 30 years AIDS was
3 considered a stigma, that's what's going on with opioid
4 addiction right now, and Kentucky has a huge problem
5 with it -- huge. There are 220 counties that CDC has
6 said are ripe for an hepatitis C or an AIDS outbreak
7 because of the needle-sharing that goes on with heroin;
8 55 of them are in Kentucky. So this is an important
9 thing. Questions were raised about how the methadone
10 clinics are regulated. They're regulated by both the
11 federal and state governments, and in Kentucky, our
12 regulations are considerably tighter than the federal
13 regulations are. The requirements are that during the
14 first 90 days of treatment in a methadone clinic, there
15 must be weekly counseling session, random, weekly drug
16 screens to make sure they're taking the medication, and
17 that all dosing has to occur on-site. The counselors
18 who work with these patients have to be licensed or
19 certified by the Kentucky Alcohol and Drug Counseling
20 Credentialing Board, and there has to be at least one
21 counselor for every 40 patients. The facility has to
22 have a medical director who is a licensed psychiatrist
23 or who is certified by the American Society of Addiction
24 Medicine. In other words, board certified physicians
25 who deal with this issue. And, in Kentucky, their state

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1 regulations do create sufficient oversight to make sure
2 that there are qualified clinicians who are providing
3 the services, but the issue is the demand for the
4 services is much more than is currently available. So
5 if you can see and the City can amend how things are
6 done here so that the methadone clinics are treated as
7 medical clinics, you will be helping a lot of people who
8 need treatment, and it's an epidemic. Thank you.
9 COMMISSIONER TOMES: Thank you. Is anyone
10 else here to speak in support of this Text Amendment?
11 Come forward. You're okay. We'll get the form from
12 you. Just give us your name and address, please.
13 DR. NATION: Hi. I'm Dr. Lori Nation. I
14 practice in Middletown, Kentucky. I'm a psychiatrist
15 that has worked as medical director for many of the
16 facilities across Kentucky. Everywhere from Paducah to
17 Pikeville, I've worked there. So I have a lot of
18 experience working in this field and with people with
19 substance use disorders. And over the last 13 years,
20 I've seen so many changes across the state, and I'm
21 really excited that you-all are having an open-minded
22 dialogue about this. It's really wonderful for me to
23 see that. I've been banished in different communities
24 for wanting to provide treatment. It's been kind of
25 interesting to now see everyone like, so excited about

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1 this issue. I would be happy to answer any questions
2 about treatment. Some of the questions that were raised
3 are concerning because they're about the loitering and
4 driving by the facilities. I just want to be clear that
5 there is a problem and a backup because there are not
6 enough facilities. There's only one in Louisville, one
7 for profit facility. So everyone that needs treatment
8 is concentrated in this facility, and it doesn't take
9 someone that owns a business to understand how this is
10 going to work. If you have other good providers come
11 in, you're going to lessen that burden and give people
12 access to care that they can't currently get in our
13 community. You have to open less than one Courier
14 Journal to see the overdoses that are happening right
15 now. It's amazing. It's staggering, as a psychiatrist,
16 to see this in my own community. And everything, you
17 know, is so dangerous right now because people that are
18 buying it, they're not buying it to get high anymore;
19 they're buying it to keep from being sick. And then
20 they get it and there's an elephant tranquilizer in it.
21 So, I mean, if we can do anything, it's to get the
22 people that are dealing off the streets and have access
23 to care for people that need it. I have a psychiatry
24 office in Middletown. I am overrun with people calling
25 because they know that I treat addiction. And substance

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1 use disorders are so common right now that my facility
2 is -- I mean, we get 20 calls a day from people wanting
3 to get their kids into treatment, and I would have to
4 have a problem if I thought that I had to be 30 feet
5 from any property line. I don't even understand this in
6 the regulation. It's interesting because when you pick
7 all these things out, obviously, it's there to target
8 these facilities, and I'm really appreciative of the
9 attorney from Covington that came because I watched as
10 this whole scenario unfolded. You can't target these
11 facilities. I mean, when's the last time you-all met to
12 discuss a diabetic facility with people needing insulin?
13 It's just treating people a different way. And these
14 are the people that are the most depressed in our
15 community and need the most help. If we are doing
16 anything, we should be rolling out red carpet for every
17 national facility that's willing to relocated and to
18 have an office in Louisville. We need the help. We
19 need facilities opening up, and we can't all stand by
20 and go not in my back yard. They need to be everywhere.
21 We need to have open access, and any good facility will
22 promote that because no one is scared of competition
23 when they do a good job. We realize, unfortunately, the
24 demand is there, and we need access or otherwise, we
25 just keep seeing the statistics every day in the Courier

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1 Journal. As far as terminology in this, I would just
2 like to say that persons addicted -- we use substance
3 use disorders for that now. And there's so many
4 regulatory bodies for the one for profit facility that
5 is already in Louisville and the nonprofit facility that
6 won't be classified in this, as they're a government
7 facility, that you're regulated by the AODE -- that's
8 the Alcohol and Other Drug Entity in Kentucky -- DEA,
9 the State Narcotics Authority and CSAD from -- on a
10 federal level, so there are a lot of regulations that
11 are already in place. So some of the issues that you're
12 discussing are already managed elsewhere. So I would
13 like to encourage you not to single out any group
14 because we're past that. We realize that everyone needs
15 help, and as was said earlier, we can't single them out,
16 according to the ADA, so all the terminology's changed
17 so that it doesn't look like you're singling them out,
18 but exactly what you're doing is singling out people
19 that need treatment. So I would just encourage you to
20 keep an open mind and treat these people as anyone else
21 that has a medical condition and allow more facilities,
22 and as Louisville, the compassionate city, let's reach
23 out a hand and look at facilities across the nation that
24 are doing a good job and say please, come to Louisville;
25 we need your help instead of saying well, if you're in

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1 30 feet of the property line, we might be able to
2 consider you or giving them more hurdles to jump over.
3 We really need help in our community and we need to make
4 it so that anyone would be willing and excited to
5 practice in Louisville. Thank you.
6 COMMISSIONER JARBOE: Thank you. Anyone else
7 here to speak in support of the Text Amendment? Okay.
8 Hearing none, Commissioners, questions? Is there anyone
9 else -- Commissioners, questions? Cliff, go ahead.
10 Cliff?
11 COMMISSIONER TURNER: The young lady from the
12 health department, did you say there has been 300 people
13 who have died in Louisville?
14 DR. SCHULTE: About 300 people died of heroin
15 overdose last year in Louisville.
16 COMMISSIONER TURNER: Oh, heroin.
17 DR. SCHULTE: Yeah. Yeah.
18 COMMISSIONER TURNER: Maybe you can help me
19 then. Explain the difference.
20 DR. SCHULTE: Pardon me?
21 COMMISSIONER TURNER: Maybe if you can explain
22 the difference between -- I'm not familiar with --
23 DR. SCHULTE: Oh, between methadone and
24 heroin?
25 COMMISSIONER TURNER: Yes. Or is it a

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1 difference?
2 DR. SCHULTE: Well, methadone is considered a
3 medical-assisted treatment that meets the standards of a
4 licensed drug. Heroin is on the DEA's list of Schedule
5 I, for which there's considered no medical use. The
6 issue becomes, however, that once you're addicted to an
7 opioid drug or heroin, your brain chemistry changes and
8 not everybody can get off of it without replacing the
9 heroin with a medical-assisted treatment, and methadone
10 is one of those. There are some others as well.
11 COMMISSIONER TURNER: And the treatment is
12 liquid form? Is that in both?
13 DR. SCHULTE: Just a minute. It's by mouth.
14 COMMISSIONER TURNER: Okay. Thank you.
15 COMMISSIONER JARBOE: Chief Carlson?
16 COMMISSIONER CARLSON: I'll read all my
17 questions and whoever wants to answer them, fine. How
18 many people would be on site at any one given time? How
19 long is the typical stay from the time a person walks in
20 the door until they're finished and one their way? And
21 then the last question is are the visits by appointment
22 only or is it a case where they show up whenever?
23 DR. SCHULTE: I think how an individual clinic
24 operates will be to some extent determined both what the
25 state law requires and what their provisions are, and

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1 part of it will depend upon the capacity of the clinic.
2 The More Center is licensed to have a maximum of about
3 200 patients, and the requirements are that there be one
4 licensed drug and alcohol counselor for every 40
5 patients, so there's kind of an upper limit on that. The
6 way the dose unit works is that they come in and they
7 get their dose. It's watched to see that they take it,
8 and then they leave. They stay longer for a period of
9 time once a week when there's counseling to see how
10 things are going, what other factors might be going on
11 in their lives. And you had a third question. I'm
12 sorry. I don't remember that part.
13 COMMISSIONER CARLSON: Are these visits by
14 appointment only or do people --
15 DR. SCHULTE: Hang on.
16 COMMISSIONER CARLSON: -- come by to --
17 DR. SCHULTE: By appointment only at the More
18 Center, and I believe that to be the case at the other
19 centers, but I think the other speakers would be better
20 asked to address that since I don't operate their -- we
21 don't -- Health Departments don't operate those clinics.
22 COMMISSIONER CARLSON: Yeah. I --
23 DR. SCHULTE: Okay.
24 COMMISSIONER CARLSON: Whoever can answer the
25 question. I'm still trying to nail down how many

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1 patients, clients, whatever the --
2 DR. SCHULTE: Well, I think one of the
3 limiting factors on it are the number of patients that
4 an individual clinic can see is, in part, based on that
5 one drug and alcohol counselor can only see 40 patients
6 for methadone. That's --
7 COMMISSIONER CARLSON: I guess where I'm
8 headed -- if I had some idea of how many patients would
9 be on site at any one given time, I was going to throw
10 out a suggestion for a minimum size waiting area. For
11 example, if you have 10 patients on site, the building
12 and fire code (Inaudible) about seven square feet per
13 person, so I was going to suggest --
14 DR. SCHULTE: Yeah. Sir, I think that's hard
15 for me to address, and part of that depends on how many
16 counselors you might have or be able to have, and I
17 think there's a lot of variation in what the size of the
18 clinic is. The attorney who spoke earlier from
19 Covington talked about the size that they have in their
20 facility, and so part of it depends on what your
21 individual clinic goes after. I realize that's not the
22 complete answer you want, but I don't think I can give
23 you a black and white answer because the size of a
24 clinic and the patient load can vary.
25 COMMISSIONER JARBOE: Come on up. Come on up,

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1 please.
2 DR. NATION: The Alcohol and Other Drug Entity
3 requirement has a list of those provisions, so every
4 clinic has to go through that already with the AODE
5 license so
6 COMMISSIONER JARBOE: Yeah. I think what
7 Chief Carlson's trying to get at is that we hope that
8 all kinds of people will come to the clinic to get that,
9 but you might start seeing some problems with loitering
10 if the waiting area is too small for the number of
11 people that are coming in for these visits, right?
12 DR. NATION: True.
13 COMMISSIONER JARBOE: I think that's what he's
14 asking is that --
15 DR. NATION: And for people waiting on medical
16 appointments -- they're by appointment when the medical
17 director is on site.
18 COMMISSIONER JARBOE: I mean, I would think a
19 normal visit to my doctor when I go in there and there's
20 35 people sitting in the waiting, they're already over
21 that limit, so it just depends on what the enforcement
22 side of that is, right?
23 DR. SCHULTE: And I think the other thing you
24 need to realize is that when they're making these daily
25 visits, it's an in and out thing. It's not the waiting

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1 room that you're thinking of like if you're going to see
2 your doctor for your high blood pressure medicine or
3 something. It's get the methadone treatment as it's
4 observed and then you leave. And they'll be there
5 somewhat longer when they have to have the weekly
6 counseling.
7 COMMISSIONER CARLSON: So we're talking about
8 very few people at any one given time then?
9 DR. SCHULTE: That would be my assessment.
10 Yes.
11 MR. DAVIDSON: The for profit center in
12 Covington right now has, I think, about 900 clients, and
13 I could be wrong. I think, working off the top of my
14 head, you have to have one medical director for every
15 300 clients and she's right about a counselor for every
16 40. So that's a lot of folks. But the 900 people that
17 come in each day, they're in; they're out. I mean,
18 you're talking faster than -- at the stop and go, faster
19 than -- you know, you walk in, if there's a line, it's
20 not going long. And the one in Covington, you walk in.
21 There are six windows, and you can go to any one of the
22 six windows. Their prime time is from 6:00 in the
23 morning until about 9:00 in the morning. People are on
24 their way to work. Somebody stops in. They go in. They
25 go to a window. There is a person behind the window

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1 that administers the dose, makes sure they've taken it,
2 and then they just turn around and walk out. I don't
3 think they're in there -- they're not even in there five
4 minutes.
5 DR. SCHULTE: Except when they have
6 counseling.
7 MR. DAVIDSON: Right. When they have
8 counseling, then it might be something more like what
9 you were talking about, Commissioner Jarboe, where
10 somebody is waiting like your doctor's appointment. But
11 that is by appointment only, and at least in Covington,
12 that happens at all points in time during the day. It's
13 not just during those peak rush hours. In fact, there's
14 less of that goes on at least in the way the Covington
15 operation works because they're processing people
16 through so they can go to work. I think one of the
17 things that was mentioned earlier that needs to be
18 remembered is people who are addicted, they die. Before
19 they die, they ruin their family. They ruin themselves.
20 And they're a burden on society. What the methadone
21 treatment does is keep them alive, keep them working,
22 keep them involved with their families, keep them
23 healthy. I mean, that's a no brainer from the people
24 who are on this side of the equation. So how do you do
25 that? Right now, the methadone clinics -- and the for

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1 profit ones are going to try to get more clients, more
2 patients. There's no question about it. And if the
3 concern is -- yours has 200 people. You know, if you
4 have for profit, they're going to have more than 200
5 people. They're going to. That's why you need to rely
6 on -- the State Narcotics Board is the primary one that
7 I've been exposed to that regulates the use. Now, the
8 one in Covington is about five blocks away from the
9 police station. Cruisers going up and down the street
10 all the time. But there's a security -- there are two
11 people in there during those hours to make sure that
12 nobody's standing in the parking lot, nobody. So, I
13 mean, one thing is what do we do to set this up so that
14 it works. The second is after we've set it up, how do
15 we regulate -- you know, how do we police it, and, you
16 know, the policing question is something that just needs
17 to be addressed later and make sure the Narcotics Board
18 is doing their job and if they're not, I think everybody
19 her is politically active enough, you know where to
20 complain and how to complain. Okay. Anything else?
21 COMMISSIONER CARLSON: Just a quick follow up.
22 Are clinics a 24 hour a day operation or do they have
23 fixed times?
24 MR. DAVIDSON: I'm sorry. Say that again.
25 COMMISSIONER CARLSON: Are clinics 24 hour a

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1 day operations or do they open up at a certain time of
2 day and close at a certain time of day?
3 MR. DAVIDSON: No. Any experience that I've
4 had, no 24 hour a day operations. The one in Covington
5 opens at 6:00 in the morning, like I said, but I think
6 they're done by 5:00. It's much more of the business
7 day orientation. Again, that's because it's almost
8 entirely related to getting people working.
9 COMMISSIONER CARLSON: Thank you.
10 COMMISSIONER TURNER: How many's in Covington?
11 MR. DAVIDSON: Sir?
12 COMMISSIONER TURNER: Nonprofit and for
13 profit? How many clinics?
14 MR. DAVIDSON: The one that I'm representing
15 is a for profit and they have several locations
16 throughout the state, Maysville, a couple of other
17 places. There are nonprofits, but up in northern
18 Kentucky, I don't know of any. All the ones that are in
19 northern Kentucky are for profit. Now, part of that is
20 because we have Cincinnati there. The Veterans
21 Administration has a methadone clinic in Cincinnati and
22 Hamilton County, Cincinnati has its own methadone that's
23 nonprofit, so there are two nonprofits just right across
24 the river. Pardon me? Only two nonprofits.
25 DR. SCHULTE: The two nonprofits are the one

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1 that we run with the Louisville Health Department; the
2 other's in Lexington.
3 COMMISSIONER JARBOE: Lula.
4 COMMISSIONER HOWARD: I have a follow up
5 question. Any of you may be able to answer this. Is
6 this a seven day a week operation? Do you need
7 treatment seven days a week?
8 DR. SCHULTE: Ours is seven days a week and I
9 think typically, they are because some people will work
10 -- I mean, they'll work five days a week, but some
11 people are working on Saturday and Sunday and you have
12 -- this is a daily dosing drug under observation.
13 COMMISSIONER JARBOE: Bob?
14 COMMISSIONER PETERSON: I have a question
15 about -- maybe for the doctor. A heroin addict that
16 comes to the clinic and then receives treatment for
17 methadone, is there an average length of time that they
18 are on the methadone to help them, you know, move
19 through their disease?
20 DR. NATION: That's a really difficult
21 question because each scenario is different because
22 everyone's used different amounts of time before they
23 come in and different amounts. So it's really tailored
24 to the individual.
25 COMMISSIONER PETERSON: Okay. And then once a

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1 person is through counseling, through other steps,
2 feeling better in their program, is there a weaning
3 period to go off of the methadone to try to go drug free
4 altogether typically?
5 DR. NATION: Yes. Patients are tapered off of
6 the methadone, but no one ever gets through the
7 counseling. It's a lifelong process.
8 COMMISSIONER PETERSON: Okay.
9 DR. NATION: -- and lifelong treatment.
10 COMMISSIONER PETERSON: Okay. Thank you.
11 COMMISSIONER JARBOE: David, did you have a
12 question? Okay. I'm sorry. You looked like you had a
13 question there. I think one of the reasons why I think
14 we're talking a little bit about the loitering, what
15 happens after -- in our reading materials, it actually
16 said that after the methadone is given, that they
17 sometimes monitor them for one to five hours afterwards.
18 That's in our reading materials, so I think that's where
19 everybody's kind of talking about where the loitering
20 comes in.
21 DR. NATION: I think there might be some
22 confusion.
23 COMMISSIONER JARBOE: None of the testimony
24 has said anything about that.
25 DR. NATION: There would be monitoring after

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1 the first dose.
2 COMMISSIONER JARBOE: Okay.
3 DR. NATION: The first time a patient comes
4 in, we would absolutely want to monitor them, check
5 their blood pressure, make sure everything's okay. But
6 that is just the first day. And generally, there's not
7 a problem with people spending time in the facilities
8 after that does. Like I said, we only have markers for
9 one for profit facility and one non for profit in
10 Louisville, so if we had more access, that would
11 certainly be eliminating that issue.
12 COMMISSIONER JARBOE: And I would assume that
13 because there's only one nonprofit in a city the size of
14 Louisville, that there's not enough funding through the
15 health department in order to expand the number of these
16 clinics or are we ready to expand those clinics?
17 DR. NATION: We need more facilities.
18 COMMISSIONER JARBOE: I think that's a
19 question for the other doctor?
20 DR. NATION: We desperately need more
21 facilities.
22 COMMISSIONER JARBOE: Okay.
23 DR. NATION: But the fact is that we don't
24 need public funding for the facilities. The issue is
25 not with the patients being able to afford this because

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1 it's much cheaper than what they're doing on the street.
2 They actually save money by coming into treatment. It's
3 amazing. And we see them, and they get their lives back
4 together. They're able to work and contribute, so, I
5 mean, the fact is we're not waiting on funding. We're
6 waiting on facilities.
7 COMMISSIONER JARBOE: Understood. Thank you.
8 DR. SCHULTE: I would like to echo what she
9 said and I think another issue you need to realize is
10 that until recently, it was impossible for many people
11 to have the funding to take care of it until the
12 Affordable Care Act was changed and that was considered
13 a treatment. Before that, people were having to pay out
14 of their pocket and as far as our methadone clinic, we
15 get $500,000 a year, roughly from HERSEL (phonetic),
16 which is a federal agency, and that's been static and
17 flat for a long time. There is also, frankly,
18 discrimination against the More Center and where it's
19 located. We would like to expand, but as we've tried to
20 expand and we've looked at different sites, we've had
21 realtors say well, we can't put you there; you'll be too
22 close to -- and fill in the blank. There's a
23 realization that has to take place for drug therapy
24 overall is that there's a lot of people who are doing
25 drugs in a lot of bedrooms in a lot of places in

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1 Jefferson County, but there's a whole lot of not in my
2 back yard when it comes to treating the people.
3 Everybody wants their kid to be alive and treated, but
4 they don't really want to worry about anybody else's
5 kids, so there's nimby here.
6 COMMISSIONER JARBOE: Thank you.
7 COMMISSIONER TURNER: Well, what's the average
8 age of the clients that come?
9 DR. SCHULTE: I would say 30s, and I think one
10 of the factors here is that the people who are most
11 typically coming into a methadone program are people
12 whose lives are stable enough that they haven't ruined
13 themselves. You heard some of the other speakers talk
14 about how you start out, the prescription drugs are so
15 expensive, that you end up going into the heroin because
16 it's on the street, it's cheaper, it comes with all
17 kinds of problems with it. They ruin their lives and
18 they ruin themselves. The people who are in the
19 methadone clinics have stabilized their lives to the
20 point that they often have jobs and are employed and can
21 be contributing members of society with medical assisted
22 treatment.
23 COMMISSIONER JARBOE: Any other questions for
24 the speakers?
25 COMMISSIONER CARLSON: The only other question

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1 I had was the restrictions on the 30 feet for the
2 property lines. What was the thinking behind that? I
3 mean, is that a necessary restriction?
4 COMMISSIONER JARBOE: Normal zoning, right?
5 MR. MABRY: That is an existing regulation.
6 I'm not sure when that would have been adopted and what
7 the rationale was for its adoption, but it's existing.
8 It's not, you know, underlined, so that would signify
9 that it was new language so existing --
10 COMMISSIONER CARLSON: Is that for sidelines
11 and rear lines as well?
12 MR. MABRY: I believe it says all property
13 lines, so it would be any front, side, or rear property
14 line.
15 COMMISSIONER CARLSON: That's typically for
16 any medical clinic?
17 MR. MABRY: Yep.
18 COMMISSIONER CARLSON: Okay.
19 MR. MABRY: Yep. Any clinic or hospital.
20 COMMISSIONER HOWARD: And not by zoning
21 district?
22 MR. MABRY: Yes, ma'am. The provision there,
23 4.2.29B is not tied to any specific zoning district or
24 form district, so it would be, you know, applied
25 regardless in any zoning district.

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1 COMMISSIONER CARLSON: If someone wanted to
2 open a clinic, they could apply for a waiver on that,
3 correct?
4 MR. MABRY: Correct.
5 COMMISSIONER CARLSON: Okay.
6 COMMISSIONER JARBOE: David?
7 COMMISSIONER TOMES: Just one other question,
8 maybe for one of the proponents here. I'm presuming you
9 have people that work midnight shifts, too. You stay
10 open later for them or where does that come into play or
11 do they get their dose at 5:00 and hope to make it
12 through the night?
13 DR. NATION: Methadone was first used in
14 opiate treatment because of the long half-life. You can
15 dose it once per day and you can achieve a steady state,
16 so it doesn't matter what time of the day you dose.
17 COMMISSIONER TOMES: Okay. Got you.
18 DR. NATION: You'll achieve a steady state on
19 it. So the shift work doesn't really matter as much as
20 long as they can get into the facility every day.
21 COMMISSIONER TOMES: Thanks.
22 COMMISSIONER JARBOE: Okay, Commissioners. Is
23 there anyone else that's here to speak on this case
24 against the Text Amendment? Okay. None. And anybody
25 other? Anybody else need to speak on this case? Okay.

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1 Hearing none and no other questions, Commissioners, we
2 ready to go into business session? Okay. Chief
3 Carlson, would you like to start?
4 COMMISSIONER CARLSON: I think in my last
5 three years in the fire service, I Made more calls for
6 service to heroin and other type drug overdoses than I
7 did in the preceding 36 years, so, you know, the heroin
8 problem that we have in our community is really bad and
9 you don't understand it until, you know, you really get
10 out and see it firsthand. You know, it affects people
11 that you would never thought it would affect, and so I
12 do think that the situation is getting to the point
13 where we really need to do as much as we can to address
14 and get people where they're not in this life-
15 threatening overdose situation. You know, we see a lot
16 of stuff about Narcan or the drug to counteract
17 overdoses being available to pretty much anybody because
18 the situation's gotten so bad. And then just kind of
19 getting back into the fire call in to things, you know,
20 for every time somebody has an overdose, if the fire
21 department's called, that means that's one less fire
22 truck that can go to somebody's house fire. You know,
23 that's one less ambulance that can go to somebody's
24 heart attack. You know, and I always like to prevent
25 things as much as I can, so if we can kind of deal with

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1 this on an upfront issue, that saves the important
2 resources for the unpreventable things, so I'm in
3 agreement that we need to try to keep the doors as open
4 as much as we can to providing for methadone clinics,
5 but we still need to balance that with the general
6 public's feelings of safety and security and that
7 they're reasonably comfortable with that, so I think the
8 proposed regulations try very hard to balance both
9 sides.
10 COMMISSIONER JARBOE: Okay. Emma?
11 COMMISSIONER SMITH: I am in favor of the
12 amendment for several reasons. One is the human cost.
13 We do need to keep people alive. It's not just them.
14 It's their families and I think this amendment will just
15 help the whole situation for the family and the
16 community, so I am in favor of it.
17 COMMISSIONER JARBOE: Cliff?
18 COMMISSIONER TURNER: Of course, I'm in favor
19 also. I do have some concerns about all buildings and
20 structures shall be at least 30 feet from any other
21 property line. I've got some real concerns and the
22 young lady has given us some eye-openers, so that's one
23 concern that I have and hopefully, others can see that
24 as being something that we probably need to change.
25 COMMISSIONER JARBOE: Jeff?

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1 COMMISSIONER BROWN: No way I'd want this in
2 my back yard, and I'd certainly be opposed if it was
3 proposed, but yeah. I think it's a use that the
4 community needs, but we'll leave it at the Board of
5 Zoning to determine where it's most appropriate or what
6 mitigation needs to happen for each particular use based
7 on site specific requirements, so I'm okay with the
8 proposed changes.
9 COMMISSIONER JARBOE: Marilyn?
10 COMMISSIONER LEWIS: Well, the testimony today
11 has helped to answer my questions about it, so I'm in
12 favor of it and I'm confident that the conditional use
13 permit procedures will ensure that it's put in the
14 proper locations and that the concerns of the public are
15 weighed against the needs for these type facilities.
16 COMMISSIONER JARBOE: Bob?
17 COMMISSIONER PETERSON: I'm fully in favor of
18 it. We don't have to go very far to see the effects of
19 the drug addiction in our communities, in our churches,
20 and I see it in our families, and I see in my family,
21 and I see it in our church. It's there. It's rampant.
22 We need to be able to treat people near to where they're
23 residing, near to where they're working. If we have
24 this one location in the community, it's totally
25 inadequate, so I'm very much in favor of this. I think

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1 that we need to get help for the people and I applaud
2 you for the work you're doing.
3 COMMISSIONER JARBOE: David?
4 COMMISSIONER TOMES: Well, I certainly agree
5 with the amendment. The need is absolutely here. I
6 happen to sit on the board of a group called the Council
7 on Prevention Education for Substances, and we get
8 involved in counseling and treatments and all of that
9 sort of thing. And it is an overwhelming problem, and
10 it's not one area of the city, you know? There's always
11 this thing that it's a west end problem, that it's an
12 east end problem. I'm telling you, just as it's a south
13 end problem, it's every part of this city that has these
14 problems, and the problem of heroin, in particular, is
15 just killing people, and my friend, Mark Bolton, who
16 runs the jail tells me all the time about the need for
17 just detox beds, you know, to get them to the stage
18 where they get to methadone and other treatments, and
19 the jail is, unfortunately, because of the lack of beds
20 for detox in the community, becoming the detox center,
21 and they don't have the facilities, the treatments --
22 they have limited beds to even get people stacked up
23 there, so they have to turn them away. And the police
24 bring them down there. What are they going to do? They
25 send them to the hospital, in some cases. But, you

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1 know, it is an overwhelming problem, so I think we
2 absolutely have to do this. I certainly trust that the
3 Board of Zoning Adjustment will weigh the facts and
4 mitigation factors in looking at sites, and I hope we
5 get more and more of these and that way, the centers
6 don't have to be as large maybe.
7 COMMISSIONER JARBOE: Lula?
8 COMMISSIONER HOWARD: Well, I'm in favor of
9 the Text Amendment, and I'm particularly pleased with --
10 well, I guess I should say I applaud the 4.2.29
11 Hospitals and Medical Clinics area. It's because these
12 clinics can be allowed in any district upon the granting
13 up a conditional use permit and not in certain zoning
14 districts, with the listed requirements, and also I can
15 live with the buildings and structures being at least 30
16 feet from the property line since they can request a
17 waiver to not be against that property. I am happy that
18 they can request a waiver.
19 COMMISSIONER JARBOE: Okay. I'm very much for
20 the amendment. I want to thank the three speakers for
21 coming in today. It was very illuminating. You-all
22 gave us a lot of information that I'm not sure very many
23 of us knew about, especially the doctor. I do want to
24 say that the Metro Council members who had set up this
25 ordinance are just responding to their constituents, but

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1 they also have to remember that their constituents are
2 also these people that are on the heroin, but they are
3 trying to -- you illuminated that for me because those
4 people that are trying to go to those clinics are the
5 ones that are trying to get better. They're trying to
6 get on methadone so they can break this habit and there
7 is definitely, like David said, addicts all throughout
8 our community, so these clinics need to be everywhere,
9 and we should not be discriminating against any of these
10 operators that want to open these clinics. They should
11 be the same as any other medical clinic, so thank you
12 very much for coming. We need a motion to approve if
13 that's the way someone would like to make the motion.
14 It's a recommendation to Metro Council for approval, and
15 obviously, there's plenty of testimony and material that
16 we can use as reason for that.
17 COMMISSIONER PETERSON: Mr. Chair, in
18 16AMEND1000, I move that we recommend approval to the
19 Louisville Metro Council and I make that motion based on
20 the testimony today, the staff report, the hearings that
21 we've heard, and I move for a recommendation of approval
22 to Louisville Metro.
23 COMMISSIONER HOWARD: I'll second that, Mr.
24 Chairman, with the potential findings for Text Amendment
25 to be added --

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1 COMMISSIONER PETERSON: Thank you.
2 COMMISSIONER HOWARD: -- to the motion.
3 COMMISSIONER PETERSON: Thank you.
4 COMMISSIONER HOWARD: Yeah. Thank you, Lula.
5 And you accept that, Bob?
6 COMMISSIONER PETERSON: Yes.
7 COMMISSIONER JARBOE: Okay. All right. We
8 have a properly made motion and a second. Any further
9 discussion on the motion? Hearing none, roll call vote.
10 CLERK: Commissioner Lewis?
11 COMMISSIONER LEWIS: Yes.
12 CLERK: Commissioner Brown?
13 COMMISSIONER BROWN: Yes.
14 CLERK: Commissioner Howard?
15 COMMISSIONER HOWARD: Yes.
16 CLERK: Commissioner Smith?
17 COMMISSIONER SMITH: Yes.
18 CLERK: Commissioner Carlson?
19 COMMISSIONER CARLSON: Yes.
20 CLERK: Commissioner Turner?
21 COMMISSIONER TURNER: Yes.
22 CLERK: Commissioner Tomes?
23 COMMISSIONER TOMES: Yes.
24 CLERK: Commissioner Peterson?
25 COMMISSIONER PETERSON: Yes.

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1 CLERK: Commissioner Jarboe?
2 COMMISSIONER JARBOE: Yes.
3 CLERK: Thank you.
4 COMMISSIONER JARBOE: Thank you. Good luck.
5 Any other information? Emily, you have anything for us?
6 EMILY: Yes. There is a training coming up by
7 KIPDA. It's the end of October. I am going to send it
8 out to you. It's all day training from 8:30 to 2:30.
9 But I'll send that information to you. The morning
10 session's especially good, so I hope some of you who
11 need the training hours will be able to attend.
12 COMMISSIONER JARBOE: Okay.
13 EMILY: Thank you.
14 COMMISSIONER JARBOE: Thank you.
15 COMMISSIONER: What was the date on that? I'm
16 sorry. What was the date on that?
17 (END OF RECORDING)
18
19
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25

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1 CERTIFICATE OF REPORTER
2 COMMONWEALTH OF KENTUCKY AT LARGE
3
4 I do hereby certify that the said matter was reduced to
5 type written form under my direction, and constitutes a
6 true record of the recording as taken, all to the best
7 of my skill and ability. I certify that I am not a
8 relative or employee of either counsel, and that I am in
9 no way interested financially, directly or indirectly,
10 in this action.
11
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20
21
22 COURTNEY BUSICK,
23 COURT REPORTER / NOTARY
24 COMMISSION EXPIRES ON: 10/18/2017
25 SUBMITTED ON: 10/18/2016

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